Derbyshire County Council

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

For the Year 1955

BY

J. B. S. MORGAN
B.Sc., M.B., B.Ch., D.P.H., L.R.C.P., M.R.C.S.
COUNTY MEDICAL OFFICER OF HEALTH

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MEDICAL AND DENTAL STAFF OF THE COUNTY HEALTH DEPARTMENT

(31st December, 1955)

COUNTY MEDICAL OFFICER OF HEALTH:

J. B. S. MORGAN, B.Sc., M.B., B.Ch., L.R.C.P., M.R.C.S., D.P.H.

DEPUTY COUNTY MEDICAL OFFICER OF HEALTH:

V. J. WOODWARD, M.B., Ch.B., D.P.H.

SENIOR MEDICAL OFFICER FOR MATERNITY AND CHILD WELFARE:

GERTRUDE I. L. VILLIERS, M.B., B.Ch., B.A.O. (from 3/10/55).

SENIOR MEDICAL OFFICER FOR MENTAL HEALTH:

R. M. C. TYNER, B.A., M.B., Ch.B., B.A.O., D.P.H. (from 7/11/55)

SENIOR ASSISTANT COUNTY MEDICAL OFFICER:

A. H. FAIRLAMB, M.B., B.S., D.P.H. (from 3/1/55)

AREA MEDICAL OFFICER FOR CHESTERFIELD BOROUGH:

J. A. STIRLING, *D.S.C.*, M.B., Ch.B., D.P.H.

ASSISTANT COUNTY MEDICAL OFFICERS:

A. LAURIE, M.B., Ch.B., D.P.H.
W. J. MORRISSEY, M.B., B.Ch., D.P.H.
A. R. ROBERTSON, M.B., Ch.B., D.P.H. (from 30/11/55)
MARY SUTCLIFFE, M.A., M.B., B.Ch., D.P.H.
C. G. WOOLGROVE, M.B., Ch.B., D.P.H.

COUNTY BACTERIOLOGIST:

J. L. G. IREDALE, M.B., Ch.B., D.P.H.

MATERNITY AND CHILD WELFARE MEDICAL OFFICERS:

DOROTHY M. JACKSON, M.B., Ch.B.
DOROTHY J. PERSEY, M.B., Ch.B., D.C.H., D.R.C.O.G. (from 1/12/55).
MAGRIETA A. PRETORIUS, M.B., Ch.B.
CONSTANCE M. WHITE, M.B., B.S.

ASSISTANT MATERNITY AND CHILD WELFARE MEDICAL OFFICERS:

M. ALLAN, M.B., Ch.B., D.P.H.
K. J. BARKER, M.B., Ch.B. (from 11/7/55).
F. J. BURKE, M.D., B.Ch.
G. COCHRANE, M.A., M.B., Ch.B., D.P.H.
J. W. CRAWSHAW, M.B., Ch.B.
R. E. DEAN, L.R.C.P. & S., L.F.R.P.S. (from 19/8/55).
ANNA L. FRENKIEL, M.R.C.S., L.R.C.P.
ALISON M. HAMILTON, M.B., Ch.B., D.P.H.
H. JAMES, L.R.C.P., L.R.C.S., L.R.F.P.S.G., D.P.H. (Chesterfield B.).
MARGARETE KUTTNER, M.D.
JOAN M. B. LEITH, M.B., Ch.B., D.P.H. (Chesterfield B.).
MARGARET S. MAY, M.B., Ch.B. (from 6/9/55).

DENTAL STAFF:

Chief Dental Officer—

H. E. GRAY, L.D.S.

Assistant Dental Officers—

G. H. FREEMAN (Dentist, 1921) (from 3/10/55).
I. HESKETH, L.D.S. (Part-time).
G. HUTTON, L.D.S. (from 1/4/55).
FLORA M. JACKSON, L.D.S. (Part-time).
ANNIE KEAN, L.D.S. (Chesterfield B.).
A. R. LITTLAR, L.D.S. (Senior Dental Officer, Chesterfield B.).
DOROTHY LITTLAR, L.D.S. (Part-time).

Corrections

Page 5, line 44, for "country" read county.
" 117, line 10, parenthetical reference should be to page 108
" 168, line 45, for "231" read 165.
" 243 (Index) -

Air pollution 48, 186
Ambulance service 78, 215.
General Practitioners 5, 38, 65, 66, 69, 73, 90, 155, 221
Home Safety 86, 212
Hospital Car Service 78

" 244 Problem families 108, 150.

To the Chairman and Members of the
Derbyshire County Council,

Ladies and Gentlemen,

I have the honour to present the 66th Annual Report on the health of the County of Derby.

The Birth Rate and Death Rate from all causes per 1,000 of the estimated population, which is 704,600, were respectively 14.66 and 11.67, whereas the corresponding rates for England and Wales were respectively 15.0 and 11.7.

The percentage of illegitimate births was 3.61, as compared with 3.26 in the previous year.

There were 7,689 deaths, whereas there were 7,638 in the previous year. Out of 7,689 deaths, 1,574 were certified as being due to heart disease, 1,150 as being due to malignant disease, and 1,104 as being due to vascular lesions of the nervous system. In the case of the 1,150 deaths from malignant disease, it is interesting to observe that the lesion was in the stomach in 205 patients ; in the lung or bronchus in 173 cases ; in a breast in 124 ; and in the uterus in 58.

The headings under which deaths were tabulated were changed in 1950, and consequently the individual figures prior to that year are not strictly comparable with those that have been provided subsequently. It is proposed, therefore, to set out in the following table the deaths from respiratory tuberculosis, and cancer of the lungs, only for 1950 and subsequent years :—

Year	*Deaths from*		*Total*
	Respiratory Tuberculosis	*Malignant Neoplasm of lung or bronchus*	
1950 ..	154	141	295
1951 ..	119	157	276
1952 ..	110	167	277
1953 ..	113	165	279
1954 .	80	165	245
1955 ..	74	173	247

The number of deaths from respiratory tuberculosis in 1955 was the lowest on record, whereas the number of deaths from cancer of the lung and bronchus is gradually increasing. Undoubtedly as the years pass we seem to be inspiring more and more impurity as a consequence of the inefficient burning of fuel in the home or the factory, the emission of gaseous or particulate matter during industrial processes and the smoking of tobacco. It has to be remembered that diagnostic facilities are continually improving, but at the same time suggestive evidence is accumulating that one or more of these factors are having an effect on the increase of cancer of the lung or bronchus.

The number of notifications and deaths from all forms of tuberculosis during the last ten years are set out in Table XIV on page 40. From a perusal of that Table it will be seen that the figures are falling, until in the year under review only 370 new cases were notified and 84 deaths recorded.

The infantile mortality rate works out at 29.14 deaths under one year of age per thousand live births. This figure while gratifying as compared with those of ten or more years ago should not give rise to complacency as the corresponding rate for England and Wales is 24.9.

The maternal mortality rate was 0.378 per thousand live and still births, compared with 0.749, 0.55 and 0.75 respectively in 1952, 1953 and 1954. These are all low figures—in fact the figure for 1955 was the lowest on record. Perhaps this point could be appreciated even more clearly when it is realised that it was a common experience during the years just before the Second World War for 30 to 40 women in this County to lose their lives each year as a result of child-birth, whereas in the year under review only 4 lives were lost out of 10,329 confinements, in spite of the population of the County having increased by roughly 80,000 between those years. Occasionally tragedies occur and in a proportion of cases it is due to the patients not seeking or carrying out the appropriate professional advice, but the figures I have quoted are an indication of the higher standard of obstetrical care exercised by the doctors and midwives in this County.

The number of deaths from coronary disease, including angina pectoris, is steadily increasing—in fact 962 died in 1955 compared with 942 in the previous year.

I regret to state that there was one fatal case of diphtheria in the County in the year under review. The child concerned had moved into the County from a distant town only 7 days before he was notified as suffering from the disease. That this should happen is a sharp reminder of the importance of having children immunised against diphtheria at the 8th to 12th month of age, with re-inforcing injections at 4 to 5 years of age and then again at about 10 years. Before this fatality had arisen not a single case had been notified for three years and not a death for six years.

Towards the end of the year Dr. Gertrude Villiers was promoted Senior Medical Officer for Maternal and Child Welfare and Dr. R. M. C. Tyner was appointed Senior Medical Officer for Mental Health.

The former post was created at the instigation of the Ministry of Health, and the latter after the Ministry had indicated their approval to the proposal. Apparently a number of Local Health Authorities of smaller population than Derbyshire had found it advantageous to make appointments of this type. Advances in medicine, as in other spheres of activity, have in many instances been brought about by specialisation. While the limited staff that we had before helped to keep Derbyshire well in the van of progress by their previously acquired wide experience, much study and conscientous work, it is to be hoped that the new appointments will bring about even greater progress, but this will be dependent on the persons appointed having the same attitudes of mind as their forerunners.

During the year new Ambulance Stations, manned throughout the twenty-four hours, were opened at Buxton, Ripley and Mickleover and a new Clinic, to serve the needs of the Education and the County Health Committees, was opened at Clowne. These are welcome acquisitions to the Health Service and as far as the Clowne Clinic is concerned it is the intention that it should become the prototype for several Clinics that are badly needed to deal with the "overspill" areas, particularly near the environs of Derby and Sheffield, but also to replace grossly inadequate premises in other areas of the County.

I should like to take this opportunity of thanking Alderman Mrs. E. Harrison, the Chairman of the County Health Committee, and Alderman Mrs. D. M. Sutton, the Chairman of the Weights and Measures and Miscellaneous Services Committee, for their encouragement and assistance in obtaining the support of their respective Committees in bringing about improvements to the County Health Service during the year; the Clerk and Heads of Departments for their co-operation; and also the medical, dental, nursing, ambulance, clerical and other staff of my own department, and particularly Dr. V. J. Woodward, my Deputy, and Mr. H. R. Pedley, my Chief Clerk, for their efficiency, diligence and loyalty.

I am,

Your obedient Servant,

J. B. S. MORGAN,
County Medical Officer of Health.

County Offices,
St. Mary's Gate,
Derby.

11*th August*, 1956.

TABLE OF CONTENTS

	Page
Ambulance Service	7, 87
Ante-natal Scheme	42, 75, 77
Area	13, 16
Assistant Medical Officers' Reports	56
B.C.G. Vaccination	105
Bacteriological Laboratory	22
Births	5, 12, 14, 16, 18, 76
Blind Persons	121
Cancer	5, 15, 19
Care and After-Care	100
Committees	10
Consultant Chest Physicians' Reports	108
Day Nurseries	64
Deaths	5, 12, 14, 16, 18
Dental Care of Expectant and Nursing Mothers and Pre-School Children	54, 62
Diphtheria Immunisation	6, 23, 80
Epilepsy	101
Food, Inspection and Supervision of	23
Gas and Air Analgesia	70, 77
Health Education	73, 80
Health Visiting	73
Home Help Scheme	126
Home Nursing Service	78
Illegitimate Children, Care of	55
Infant Welfare Centres	41, 75, 77
Infantile Mortality	6, 12, 14, 20
Infectious Diseases	12
Local Government Act, 1933, Sec. III	21
Mass Radiography	113
Maternal Mortality	6, 33
Maternity Homes	45
Mental Health Service	131
Midwifery	32, 68, 76
Milk Supply	23
Mothers and Young Children, Care of	42
Nursery Provision for Children under 5	61
Nursing Homes	35
Occupation Centres	132
Occupations	13
Ophthalmia Neonatorum	34, 124
Pethidine	70
Population	13, 16
Premature Infants	46
Puerperal Pyrexia	33
Rateable Value	13
Sewage Disposal	29
Staff	4, 6, 16, 21, 74, 78, 96, 127, 131
Trilene	71
Tuberculosis	5, 35, 63, 103
Vaccination against Smallpox	23, 80
Vaccination against Tuberculosis	105
Vital Statistics	14
Water Supplies	27
Welfare Foods	48

APPENDIX I—Summary of Services.

APPENDIX II—Causes of Death in each District.

COUNTY HEALTH COMMITTEE

(As at 31st December, 1955)

ALDERMAN MRS. E. HARRISON
(Chairman)

ALDERMAN MRS. F. E. SHIPLEY
(Vice-Chairman)

Aldermen

MRS. A. M. BELFIELD.
MRS. G. BUXTON.
MRS. D. M. SUTTON.
T. W. WARDLEY.
C. F. WHITE, C.B.E., J.P.
F. WILSON.

Councillors

MRS. A. D. AUSTIN.
N. B. BANKS.
H. R. BENNETT.
R. J. BOAK.
H. G. BOOTH.
J. CARTER.
H. FISHER.
J. W. HALL.
E. F. ROWBOTTOM.
J. F. STANIER.
MRS. J. M. STEELE.
C. WASS.
J. WILLIAMSON.
E. WRIGHT.
J. W. WRIGHT.
A. F. T. WYATT.

Co-opted Members

DR. E. C. DAWSON.
A. J. WILSON, ESQ., F.R.C.S.
T. ALLSOP, ESQ.
J. R. DAVIS, ESQ.
MRS. S. A. JERVIS.
MRS. H. KEMP.
MRS. D. M. ASHLEY.

Ambulance Sub-Committee

ALDERMAN MRS. E. HARRISON
ALDERMAN MRS. F. E. SHIPLEY.
ALDERMAN T. W. WARDLEY.
COUNCILLOR MRS. J. M. STEELE.
COUNCILLOR C. WASS.
COUNCILLOR J. W. WRIGHT.
COUNCILLOR A. F. T. WYATT.

Mental Health Sub-Committee

ALDERMAN MRS. E. HARRISON.
ALDERMAN MRS. F. E. SHIPLEY.
ALDERMAN MRS. A. M. BELFIELD.
ALDERMAN MRS. G. BUXTON.
ALDERMAN MRS. D. M. SUTTON.
ALDERMAN T. W. WARDLEY.
COUNCILLOR N. B. BANKS.
J. R. DAVIS, ESQ.

Staff Sub-Committee

ALDERMAN MRS. E. HARRISON.
ALDERMAN MRS. D. M. SUTTON.
ALDERMAN MRS. F. E. SHIPLEY.
COUNCILLOR N. B. BANKS.

Chesterfield Area Health Sub-Committee

Representing the County Council.

ALDERMAN MRS. E. HARRISON.
ALDERMAN MRS. F. E. SHIPLEY.
ALDERMAN J. F. BIRCH.
ALDERMAN MRS. D. M. SUTTON.
COUNCILLOR N. B. BANKS.
COUNCILLOR J. CARTER.

Representing Chesterfield Corporation.

ALDERMAN L. HEATH.
ALDERMAN W. E. TAYLOR.
COUNCILLOR MRS. A. COLLISHAW.
COUNCILLOR MRS. I. P. HITCHCOCK.
COUNCILLOR J. L. RADFORD.
COUNCILLOR MRS. A. WILKINSON.

WEIGHTS AND MEASURES AND MISCELLANEOUS SERVICES COMMITTEE

(As at 31st December, 1955)

ALDERMAN MRS. D. M. SUTTON
(Chairman)

ALDERMAN C. FEAKIN
(Vice-Chairman)

Aldermen

MRS. G. BUXTON
T. COLLEDGE.
A. FOWLER.
T. W. WARDLEY.
C. F. WHITE, C.B.E., J.P.

Councillors

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H. G. BOOTH.
J. BRIGHTMORE.
C. H. CORK.
A. ETHERINGTON.
E. W. FIELDING.
T. T. JENNINGS.
D. LOMAS.
J. G. NEAL.
R. SKELTON.
C. WASS.
J. W. WRIGHT.
A. F. T. WYATT.

Milk Licences Sub-Committee

ALDERMAN MRS. D. M. SUTTON.
ALDERMAN C. FEAKIN.

Rural Water Supplies and Sewerage Act Sub-Committee

ALDERMAN MRS. D. M. SUTTON.
ALDERMAN C. FEAKIN.
ALDERMAN T. COLLEDGE.
ALDERMAN T. W. WARDLEY.
COUNCILLOR H. G. BOOTH.
COUNCILLOR J. G. NEAL.
COUNCILLOR C. WASS.

TABLE I.

BIRTH RATE, DEATH RATE, INFANTILE MORTALITY RATE AND DEATH RATES FROM THREE IMPORTANT INFECTIOUS DISEASES DURING THE LAST SIXTY-FIVE YEARS.

Year.		*Death Rates per* 1,000 *of Population.*					
		Small Pox.	Diphtheria & Membranous Croup.	Whooping Cough	Death Rate from all Causes.	Birth Rate.	Infantile Mortality per 1,000 Births.
1891 to 1900	WHOLE COUNTY	**.028**	**.17**	**.30**	**17.1**	**33.7**	**147**
	England and Wales	.012	.27	.36	18.3	29.9	153
1901 to 1910	WHOLE COUNTY	**.004**	**.16**	**.24**	**14.1**	**28.5**	**126**
	England and Wales	.016	.17	.27	15.3	27.1	128
1911 to 1920	WHOLE COUNTY	**–**	**.16**	**.16**	**12.66**	**24.07**	**99**
	England and Wales	.000	.14	.18	13.85	21.90	100
1921 to 1930	WHOLE COUNTY	**–**	**.07**	**.10**	**10.92**	**19.73**	**70.7**
	England and Wales	.00	.08	.11	12.14	18.36	71.7
1931 to 1940	WHOLE COUNTY	**–**	**.07**	**.04**	**11.31**	**15.71**	**56.7**
	England and Wales	.00	.07	.04	12.26	14.93	58.6
1941 to 1945	WHOLE COUNTY	**–**	**.022**	**.026**	**10.94**	**18.21**	**45.6**
	England and Wales	.00	.038	.032	11.92	16.04	49.8
1946	WHOLE COUNTY	**–**	**.022**	**.023**	**10.96**	**19.60**	**38.95**
	England and Wales	.00	.01	.02	11.5	19.1	43.0
1947	WHOLE COUNTY	**–**	**.006**	**.026**	**11.26**	**20.89**	**42.81**
	England and Wales	.00	.01	.02	12.0	20.5	41.0
1948	WHOLE COUNTY	**–**	**.006**	**.015**	**10.42**	**18.13**	**43.45**
	England and Wales	–	.00	.02	10.8	17.9	34.0
1949	WHOLE COUNTY	**–**	**–**	**.013**	**10.93**	**17.01**	**36.5**
	England and Wales	.00	.00	.01	11.7	16.7	32
1950	WHOLE COUNTY	**–**	**–**	**.014**	**11.13**	**15.78**	**30.19**
	England and Wales	–	.00	.01	11.6	15.8	29.8
1951	WHOLE COUNTY	**–**	**–**	**.006**	**11.67**	**15.21**	**28.83**
	England and Wales	.00	.00	.01	12.5	15.5	29.6
1952	WHOLE COUNTY	**–**	**–**	**.006**	**10.56**	**15.21**	**29.64**
	England and Wales	.00	.00	.00	11.3	15.3	27.6
1953	WHOLE COUNTY	**–**	**–**	**.008**	**10.20**	**15.41**	**28.79**
	England and Wales	.00	.00	.01	11.4	15.5	26.8
1954*	WHOLE COUNTY	**–**	**–**	**.004**	**11.55**	**14.86**	**28.03**
	England and Wales	–	.00	.00	11.3	15.2	25.5
1955*	Urban Districts ..	–	–	.003	12.15	13.99	29.20
	Rural Districts ..	–	.003	.003	11.14	15.21	29.08
	WHOLE COUNTY	**–**	**.001**	**.003**	**11.67**	**14.66**	**29.14**
	England and Wales	–	.00	.00	11.7	15.0	24.9

* See remarks at top of page 14.

REPORT ON THE HEALTH OF DERBYSHIRE FOR THE YEAR 1955

STATISTICS AND SOCIAL CONDITIONS.

AREA AND POPULATION.

The Administrative County of Derby comprises twenty-nine Sanitary Districts, four of which are Municipal Boroughs, sixteen Urban Districts and nine Rural Districts.

The County has an area of 635,456 acres, 98,065 in Municipal Boroughs and Urban Districts and 537,391 in Rural Districts.

The population of the Administrative County as estimated by the Registrar-General at the middle of 1955 was as follows :—

Municipal Boroughs	139,220
Urban Districts	221,880
Rural Districts	343,500
Total Administrative County	704,600

RATEABLE VALUE

The rateable value of the Administrative County in April, 1955, for County Rate purposes was £4,128,412, and a Penny Rate over the whole County was estimated to produce the sum of £16,165.

PHYSICAL FEATURES AND CHIEF OCCUPATIONS.

The main industries which give the people of this county occupation, are coal mining carried on in the East and North-East and in a small area in the South-Western portion of the County, and agriculture, particularly in the Western and Central parts of the County. The staple industries in the extreme North-Western area adjoining Lancashire are those connected with the cotton trade, whilst in the south-Eastern area adjoining Nottinghamshire the hosiery and lace trades provide the chief occupation. In this area, too, artificial silk manufacturers absorb an appreciable portion of the population. In the Northern and North-Central areas chief industries are quarrying, limestone crushing and lime burning, working and dressing millstone grit, and silica brick making. A number of these industries come under the heading of "Refractories Industries," some of which are known to pre-dispose to pulmonary disease. In the extreme South-Western portion of the County, pottery manufacture is one of the prominent industries.

VITAL STATISTICS.

The Vital Statistics relating to each District in the County for the year under review are given in Table III.

The birth rates and death rates for each County District and for the County as a whole for the year 1954 and 1955 are not strictly comparable with previous years.

The matter is dealt with in Circular M.O.H. No. 3/1955 dated 12th April, 1955, from the Registrar General, the appropriate part of which reads as follows :—

> "To make an approximate allowance for the way in which the sex and age distribution of the local population differs from that for England and Wales as a whole, the crude birth and death rates for the ares should be multiplied by the appropriate area comparability factor. When local crude birth and death rates have been so adjusted, they are comparable with the crude rate for England and Wales or with the corresponding adjusted rate for any other area. The present factors are derived from the final 1951 Census populations. A fuller description of the use of the comparability factor for deaths is given in the Registrar General's Statistical Review for England and Wales for the year, 1951, Text volume (pages 86 and 87)."

The comparability factors for each County District and for Derbyshire as a whole for the year 1955 have been supplied by the Registrar General.

	Males	*Females*	*Total*
Live Births —Legitimate ..	5,160	4,796	9,956
—Illegitimate ..	186	187	373
Total ..	5,346	4,983	10,329

Live Birth Rate per 1,000 of the estimated population ..	14.66
Number of Still Births	255
Rate of Still Births per 1,000 (total live and still) births ..	24.09
Number of Deaths	7,689
Death Rate per 1,000 of the estimated population	11.67

	No. of Deaths	*Rate per 1,000 live and still Births*
Deaths and Death Rate from :—		
Pregnancy, Childbirth and Abortion	4	0.378

Death Rate of Infants under 1 year of age :—	
All infants (per 1,000 live births)	29.14
Legitimate infants (per 1,000 legitimate live births) ..	29.33
Illegitimate infants (per 1,000 illegitimate live births) ..	24.13

	No. of Deaths	*Rate per 1,000 of estimated population*
Deaths and Death Rate from :—		
Cancer (all ages)	1,150	1.632
Measles (all ages)	3	.0042
Whooping Cough (all ages) ..	2	.0028

Infantile Mortality.—The infantile mortality rate for the year under review was 29.14 per 1,000 live births, compared with 28.03 in 1954 and 28.79 in 1953.

TABLE II.

INFANTILE MORTALITY RATE.

(Infants dying under one year per thousand live births)

Year	*Rate*	*Year*	*Rate*
1930 ..	61.4	1943 ..	48.1
1931 ..	67.4	1944 ..	42.1
1932 ..	63.4	1945 ..	44.5
1933 ..	62.2	1946 ..	38.9
1934 ..	53.0	1947 ..	42.81
1935 ..	56.6	1948 ..	43.45
1936 ..	58.2	1949 ..	36.50
1937 ..	52.1	1950 ..	30.19
1938 ..	51.1	1951 ..	28.83
1939 ..	47.4	1952 ..	29.64
1940 ..	55.4	1953 ..	28.79
1941 ..	51.0	1954 ..	28 03
1942 ..	42.2	1955 ..	29.14

The rate for England and Wales in 1955 was 24.9.

COUNTY OF DERBY. Year

TABLE III.—TABLE GIVING BIRTH RATES AND DEATH RATES FROM SEVERAL

SANITARY DISTRICTS	MEDICAL OFFICER OF HEALTH	Area in Acres (Land and Water).	POP Census 1931
(URBAN)			
ALFRETON	A. Laurie, M.B., Ch.B., D.P.H.	5,176	22,262
ASHBOURNE	W. J. Morrissey, M.B., B.Ch., D.P.H.	1,070	4,708
BAKEWELL	C. W. Evans, M.R.C.S., L.R.C.P.	3,061	3,028
BELPER	W. J. Morrissey, M.B., B.Ch., D.P.H.	4,294	14,205
BOLSOVER	A. R. Robertson, M.B., Ch.B., D.P.H.	4,526	9,808
BUXTON (Borough)	G. Cochrane, M.B., Ch.B., D.P.H.	6,337	16,884
CHESTERFIELD (Borough)	J. A. Stirling, M.B., Ch.B., D.P.H.	8,472	64,160
CLAY CROSS	J. R. Graham, M.B., Ch.B., D.P.H.	2,349	8,781
DRONFIELD	J. R. Graham, M.B., Ch.B., D.P.H.	3,452	6,388
GLOSSOP (Borough)	M. Sutcliffe, M.B., B.Ch., D.P.H.	3,323	20,001
HEANOR	A. Laurie, M.B., Ch.B., D.P.H.	4,417	22,482
ILKESTON (Borough)	A. Laurie, M.B., Ch.B., D.P.H.	3,017	33,163
LONG EATON	C. G. Woolgrove, M.B., Ch.B., D.P.H.	3,559	23,321
MATLOCK	G. L. Meachim, M.B., Ch.B.	16,599	16,596
NEW MILLS	M. Sutcliffe, M.B., B.Ch., D.P.H.	5,244	8,551
RIPLEY	A. Laurie, M.B., Ch.B., D.P.H.	5,415	17,731
STAVELEY	J. R. Graham, M.B., Ch.B., D.P.H.	6,504	17,845
SWADLINCOTE	M. Allan, M.B., Ch.B., D.P.H.	3,755	20,604
WHALEY BRIDGE	G. Cochrane, M.B., Ch.B., D.P.H.	3,479	4,789
WIRKSWORTH	W. S. G. Christie, M.B., Ch.B.	4,016	4,855
	URBAN DISTRICTS	98,065	340,145
(RURAL)			
ASHBOURNE	W. J. Morrissey, M.B., B.Ch., D.P.H.	86,188	11,661
BAKEWELL	H. G. Watson, M.B., Ch.B.	85,643	19,272
BELPER	W. J. Morrissey, M.B., B.Ch., D.P.H.	48,074	23,106
BLACKWELL	A. R. Robertson, M.B., Ch.B., D.P.H.	21,668	44,689
CHAPEL-EN-LE-FRITH	G. Cochrane, M.B., Ch.B., D.P.H.	103,393	18,770
CHESTERFIELD	J. R. Graham, M.B., Ch.B., D.P.H.	69,139	64,968
CLOWNE	A. R. Robertson, M.B., Ch.B., D.P.H.	13,429	17,720
REPTON	M. Allan, M.B., Ch.B., D.P.H.	65,653	26,438
SHARDLOW	C. G. Woolgrove, M.B., Ch.B., D.P.H.	44,204	41,097
	RURAL DISTRICTS	537,391	267,721
	URBAN DISTRICTS	98,065	340,145
	WHOLE COUNTY	635,456	607,866

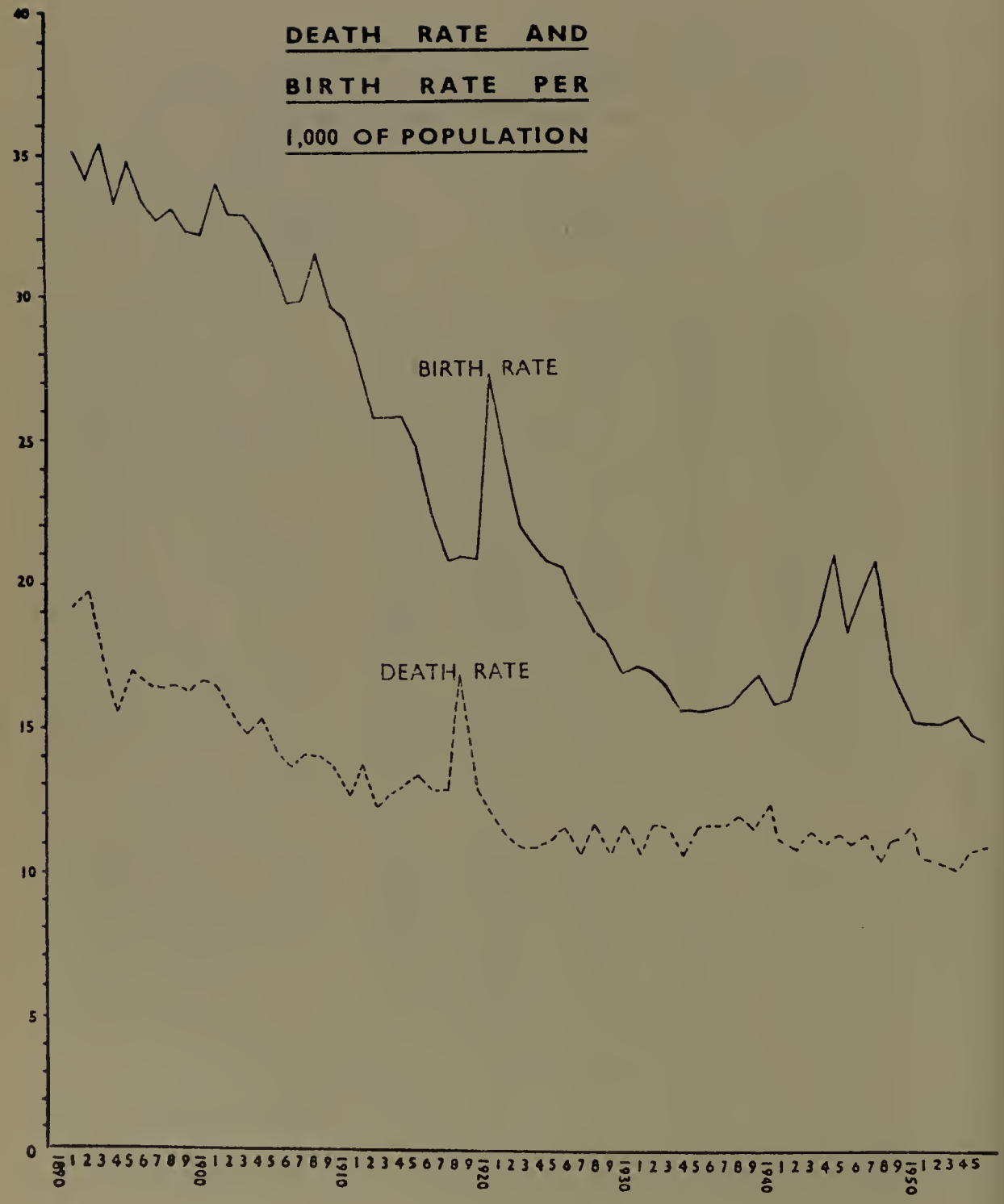
* Rates adjusted to make allowance for sex and

Ending December 31st, 1955.

CAUSES IN EACH OF THE SANITARY DISTRICTS OF THE COUNTY.

ULATION				* *Annual Rates per* 1,000 *of Estimated Population*				
Census 1951	Estimated mid-1955	Births (Live)	Deaths	Birth Rate	Death Rate	Phthisis Death Rate	Respiratory Death Rate	Infant Death Rate per 1,000 Births
23,388	23,430	335	213	13.87	9.90	—	1.16	26.86
5,440	5,470	69	89	13.12	15.62	—	.17	28.98
3,350	3,540	35	50	10.48	11.58	.23	1.39	—
15,716	15,690	231	190	14.58	11.87	—	1.31	21.64
10,815	10,960	177	111	16.15	12.35	—	1.33	28.25
19,556	19,250	328	274	17.89	12.81	.04	.89	30.49
68,540	67,600	894	828	12.69	12.98	.26	1.39	27.96
8,552	8,720	158	87	17.03	11.17	.13	1.41	25.32
7,628	7,880	119	77	14.19	10.26	.26	1.06	8.40
18,014	17,730	215	313	12.61	15.18	—	1.21	18.60
24,395	24,110	318	249	12.93	11.77	.19	1.27	50.31
34,674	34,640	508	366	14.52	12.67	.10	1.42	21.65
28,638	29,450	429	268	14.42	9.64	.03	.61	30.30
17,770	18,400	240	222	13.43	12.06	.05	.90	20.83
8,473	8,390	135	120	17.05	13.44	—	1.34	22.22
18,194	18,090	248	184	13.84	10.78	.11	1.29	44.35
17,941	17,490	252	172	13.98	12.29	.35	1.50	47.61
20,909	19,990	283	237	13.88	13.16	.22	1.94	38.87
5,365	5,300	59	64	11.58	11.59	—	1.08	16.95
4,886	4,970	69	65	14.44	12.43	—	.95	14.49
361,244	361,100	5,102	4,179	13.99	12.15	0.12	1.22	29.20
12,020	11,680	146	115	14.00	9.84	.08	.17	20.55
19,291	18,960	229	232	13.29	10.52	.09	1.36	13.10
28,186	28,860	391	338	14.36	11.01	.10	1.10	30.69
43,104	42,820	646	433	14.64	11.83	.16	1.28	27.86
18,990	18,730	229	257	13.81	13.04	.05	1.16	52.40
75,728	90,390	1,682	830	17.86	11.11	.11	1.23	36.27
19,071	19,270	286	187	15.14	10.58	.05	1.35	38.46
31,562	33,270	454	371	14.05	11.60	—	1.19	30.84
75,876	79,520	1,164	747	14.20	10.71	.14	.96	15.47
323,828	343,500	5,227	3,510	15.21	11.14	0.10	1.13	29.08
361,244	361,100	5,102	4,179	13.99	12.15	0.12	1.22	29.20
685,072	704,600	10,329	7,689	14.66	11.67	0.11	1.18	29.14

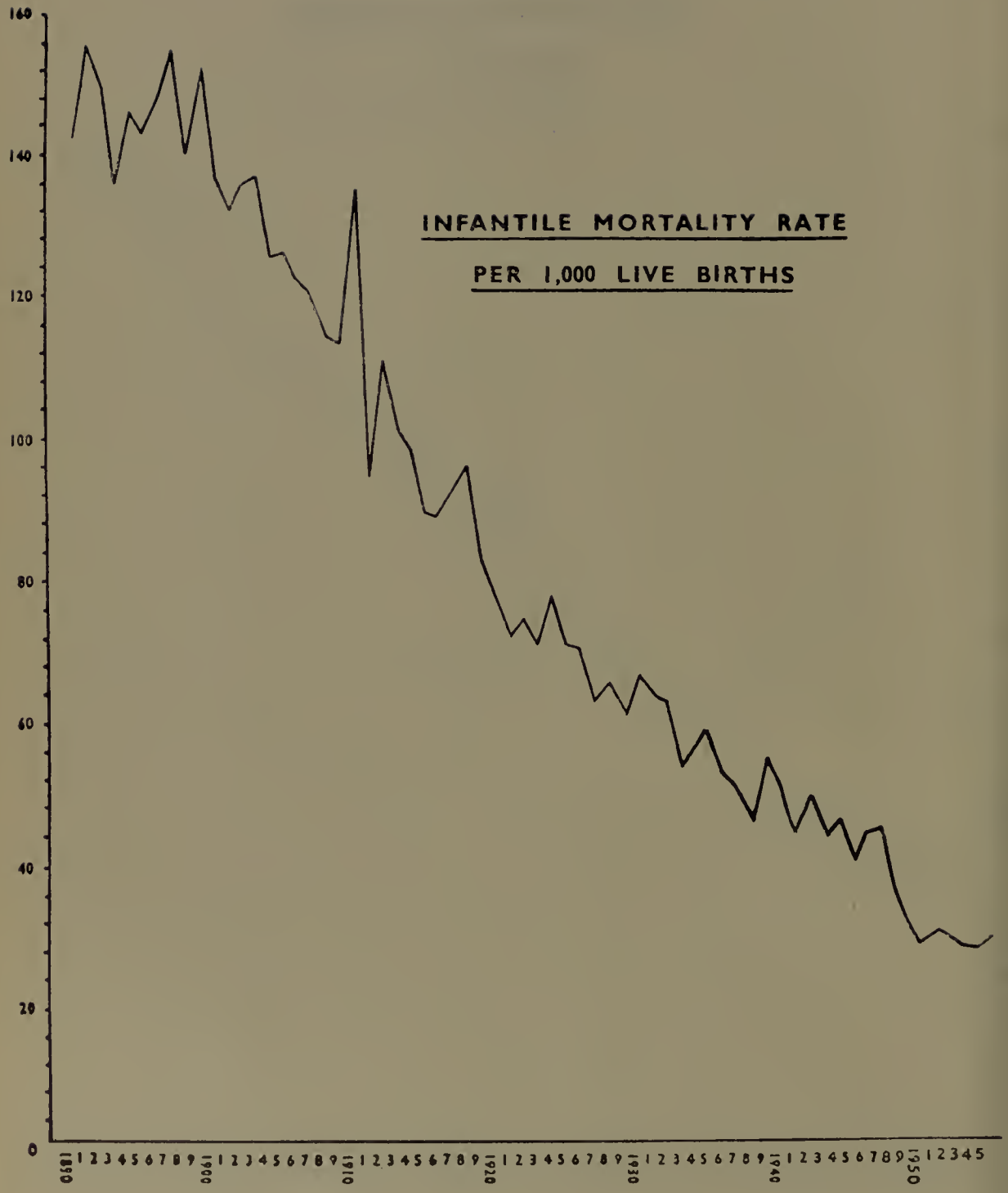
age distribution of population—see remarks on page 14.


DEATH RATE AND
BIRTH RATE PER
1,000 OF POPULATION
BIRTH RATE
DEATH RATE
40
35
30
25
20
15
10
5
0
1890
1900
1910
1920
1930
1940
1950

DERBYSHIRE

DEATHS FROM CANCER

1900—1955


INFANTILE MORTALITY RATE
PER 1,000 LIVE BIRTHS
160
140
120
100
80
60
40
20
0
1890 1 2 3 4 5 6 7 8 9 1900 1 2 3 4 5 6 7 8 9 1910 1 2 3 4 5 6 7 8 9 1920 1 2 3 4 5 6 7 8 9 1930 1 2 3 4 5 6 7 8 9 1940 1 2 3 4 5 6 7 8 9 1950 1 2 3 4 5

LOCAL GOVERNMENT ACT, 1933, SECTION 111

In the early part of 1951 certain Committees of the County Council gave consideration to whole-time District Medical Officers of Health whose responsibilities had been reduced by the National Health Service Act, being also employed for County Council work.

On the 30th June, 1951 the Ministry of Health issued circular 27/51 which suggested that schemes submitted under Section 111 of the Local Government Act, 1933, for the employment of District Medical Officers of Health restricted from engaging in private practice, might be examined on the same grounds and also mentioning the need to ensure that the best use is made of medical manpower.

The District Councils were consulted and three schemes were placed before them which involved the reduction of eleven groups to eight, eight and nine respectively. It seemed that the District Councils generally were satisfied with the existing scheme drafted by the County Council in 1936. Ultimately the County Council prepared a Scheme involving a division of the County into ten groups as follows :

Area	*County Districts*	*Present Position*
No. 1	Clay Cross Urban Dronfield Urban Staveley Urban Chesterfield Rural	Already in operation.
No. 2	Bolsover Urban Blackwell Rural Clowne Rural	*Already in operation.
No. 3	Borough of Glossop New Mills Urban	*Already in operation.
No. 4	Borough of Buxton Chapel-en-le-Frith Rural Whaley Bridge Urban	*Already in operation.
No. 5	Bakewell Urban Matlock Urban Bakewell Rural	
No. 6	Long Eaton Urban Shardlow Rural	*In full operation from June 10th, 1955.
No. 7	Swadlincote Urban Repton Rural	*Already in operation.
No. 8	Borough of Ilkeston Alfreton Urban Heanor Urban Ripley Urban	*In full operation from April 1st, 1955.
No. 9	Ashbourne Urban Belper Urban Wirksworth Urban Ashbourne Rural Belper Rural	*Already in operation apart from Wirksworth U.D.
No. 10 ..	Borough of Chesterfield	..†Already in operation.

* Indicates that the Medical Officer of Health also acts as Assistant County Medical Officer.

† Indicates that the Medical Officer of Health also acts as Area Medical Officer.

The only difference from the previous scheme of eleven groups was that the Borough of Ilkeston, because of its compactness and relatively small population, was added to area 8 (Alfreton, Heanor, and Ripley Urban Districts).

COUNTY BACTERIOLOGICAL LABORATORY

The following Table shows the number of examinations carried out in the County Laboratory during the year for the Administrative County of Derbyshire and the County Boroughs of Derby and Burton-on-Trent :—

TABLE IV.

	County of Derbyshire		*Derby C.B.*		*Burton-on Trent C.B.*	
	Pos.	*Neg.*	*Pos.*	*Neg.*	*Pos.*	*Neg.*
Serological Examinations—						
Enteric Group of Organisms	10	34	27	102	—	—
Brucella Abortus	—	8	—	2	—	—
Paul-Bunnell Test for Glandular Fever	1	4	—	—	—	—
Culture Examinations—						
Enteric, dysentery and Food Poisoning Group of organisms	37	507	9	597	—	2
C. diphtheriae	—	119	—	64	—	42
Haemolytic Stretococci ..	43	227	34	27	—	42
Microscopical Examinations—						
Vincent's Angina Organisms	1	93	3	62	—	21
Ringworm Parasites	4	—	—	—	—	—
Sputa for Tubercle Bacilli ..	42	1,248	—	1	—	1
Clinical Specimens (Miscellaneous)	549	1,031	18	43	—	—
Biological Test—						
Tubercle Bacilli (viable) in Clinical Specimens ..	11	111	61	480	—	—
Tubercle Bacilli (viable) in Unselected Specimens of Milk	1	319	—	20	—	33
Milk for Brucella Abortus ..	—	4	—	—	—	—
Friedman Test (for pregnancy)	16	8	—	—	—	—
Raw and Graded Milk Examinations—						
*Methylene Blue Test ..	21	78	—	14	3	54
Pasteurised and Sterilised Milk Examinations—						
*Phosphatase Test	5	832	1	112	1	269
*Methylene Blue Test ..	10	593	1	100	3	231
*Turbidity Test	—	11	—	10	—	—
Ice Cream Examinations—						
*Methylene Blue Test ..	36	357	—	—	10	109
Water Examinations—						
*Coliform Test	220	1,358	40	564	—	15
Totals ..	1,007	6,942	194	2,198	17	819

* Pos.—Unsatisfactory. Neg.—Satisfactory.

BIOLOGICAL TESTS FOR TUBERCLE BACILLI IN MILK.

During the year, 373 unselected samples of milk, including raw and graded milk, taken in the Derbyshire County, Derby County Borough and Burton-on-Trent County Borough areas, were examined biologically for the presence of B. tuberculosis. 1 of the samples, or 0.268 per cent., was found to contain living transmissible tubercle bacilli ; the figure for 1954 was 1.42 per cent.

BIOLOGICAL TESTS OF SAMPLES OF MILK SUBMITTED FOR THE PHOSPHATASE TEST.

7 samples of milk, labelled "Pasteurised," found to be positive by the phosphatase test (indicative of either insufficient pasteurisation or of the addition of raw milk), were submitted to the biological test with negative results.

57 samples of pasteurised milk from schools, found to be negative by the phosphatase test (indicative of adequate pasteurisation) were also submitted to the biological test with negative results.

DISTRIBUTION OF VACCINE LYMPH AND OTHER PROPHYLACTIC REAGENTS.

National Health Service Act, 1946—*Section* 26.

The following Table shows the vaccines, etc., issued during 1955, in the Administrative County of Derbyshire, the County Boroughs of Derby and Burton-on-Trent, the City of Nottingham and the County of Nottinghamshire :—

	Doses
Vaccine Lymph	11,845
Prophylactic Reagents for Diphtheria Immunisation :—	
A.P.T.	17,164
T.A.F.	4,342

INSPECTION AND SUPERVISION OF FOOD

MILK SUPPLY

The processing and distribution of pasteurised milk has now settled down into a steady pattern, and consequently there is little deserving of special comment. Apart from the gradual additions of "specified areas", the legislative control of milk has remained virtually unchanged : it seems unlikely that any major alterations will be made in this respect in the forseeable future.

As far as the County is concerned, there were sixteen licences in force on January 1st, 1955. During the year two pasteurisers ceased to operate, and their businesses were largely taken over by dairy firms situated outside our boundaries. A licence was issued to a new entrant in the field—the Hon. J. W. Hives, The Bendalls, Milton, near Derby—and thus fifteen licences were renewed at the end of the year.

Mr. Hives' first licence was granted on 8th June. The plant he operates is almost unique, in that the raw milk is bottled, capped and then pasteurised in a bottle, as opposed to the usual method of pasteurisation in bulk, followed by the bottling and capping process. The process is known as "in bottle" pasteurisation. At the time an application for a licence was received from Mr. Hives, there were only two "in bottle" plants, both large ones, in operation in this country : one in Birmingham and the other in Edmonton. Both of these were of the same design—in fact they were designed by a Mr.

J. C. Fowler, the owner of the Birmingham plant. The plant at Milton is of much smaller capacity, but Mr. Fowler has co-operated with a Derby firm in its design. The opportunity was taken during the pre-licensing investigations for a visit to be paid by Mr. Rowley, the County Sanitary Inspector, and myself to the Edmonton dairy (by courtesy of Mr. J. A. O'Keefe, Chief Officer, Public Control Department, Middlesex County Council). The proved pasteurisation efficiency of this type of plant, its simplicity and its effective time and temperature "safety" control, were impressive. If there are disadvantages they are the amount of floor space required, and the fact that crates and bottles different from those normally used are necessary. It is understood that the trade is now tackling this matter.

Our investigations in respect of the Milton plant were largely confined to the efficiency of pasteurisation and the compliance with the special time and temperature requirements.

It should be mentioned that the special conditions which the Ministry of Food had previously accepted for the two similar plants varied the time and temperature at which milk is normally held (145 °F. to 150 °F. for not less than thirty minutes), by requiring that the milk be held at a temperature of 145 °F. to 150 °F. for at least fifteen minutes, including a period for which it be retained for not less than six minutes at a temperature of 148 °F.

Our tests on the treated milk showed that the phosphatase test gave a reading of 1.5 Lovibond Blue Units (this has not varied over many samples examined since licensing), but the results of the methylene blue tests are worthy of special mention. During a period from March to July, the milk sampled was kept at atmospheric shade temperature and tested daily in accordance with the methylene blue test. Some surprising figures were obtained. Three samples taken in March went nineteen days before failing the test, three taken in April lasted eight days and one in June lasted six days. A July sample (taken during very warm weather) failed the test on the third day. These results confirmed what we had been told at Edmonton, i.e., that one of the features of milk processed "in bottle" was its keeping quality.

Correspondence with the Ministry of Food took place at the beginning of the year, and on the 25th May the Minister of Agriculture, Fisheries and Food approved the following formula, under the power given him under paragraph 1 (*c*), Part 1, of the Second Schedule of the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949 :—

> "The milk shall be first heated to between 60 °F. and 80 °F., and filled into glass bottles not exceeding one pint capacity, and capped. The milk, so bottled, shall then be immersed at a temperature in no case less than 60 °F. in water raised to and thermostatically maintained at a temperature of 150 °F., plus or minus 0.50 °F., and the milk shall be retained at a temperature of not less than 145 °F. and not more than 150 °F. for a continuous period of not less than fifteen minutes, during which time it shall be retained at a tempreature of not less than 148 °F. for a period of not less than six minutes.

"The milk shall then be cooled without delay to a temperature not greater than 50°F.

"Whilst the bottled milk is in the heating tank, under process, a locking device shall be operated to prevent the removal of the cradle of bottles in less than forty minutes from the time of initial immersion."

The licence was accordingly granted by the County Council and issued on June 8th. In practice, the plant has been very successfully operated since then and, as previously mentioned, sample results have been consistently good. At present about 150 gallons per day are being processed, a "throughput" which could be increased considerably if necessary. It is felt that a plant of this type has considerable merit from the point of view of the small processor, faced as he is with serious labour difficulties, but whether there are many dairymen prepared to embark on pasteurisation today is open to question. It seems that this type of plant is likely to become popular in overseas markets.

The County Sanitary Inspector made 287 inspections at pasteurising establishments and submitted 368 samples for examination.

The results are summarised below :—

Grade of Milk	*Satisfactory*		*Unsatisfactory*		*Total Number of samples submitted*
	M.B.	*Phos.*	*M.B.*	*Phos.*	
Tuberculin Tested (Pasteurised)	87	100	—	—	100
Pasteurised	223	267	1	1	268

Note—(*a*) M.B.—Methylene Blue Test ; Phos.—Phosphatase Test.

(*b*) Thirteen samples of Tuberculin Tested (Pasteurised) milk and 44 samples of Pasteurised milk were not subjected to the Methylane Blue Test as the atmospheric shade temperature exceeded 65°F.

The fact that out of the number of samples examined there were only two failures—one phosphatase test and one methylene blue test—is considered a very satisfactory record, particularly when it is borne in mind that ten holder type plants are included in the County establishments. The number of phosphatase test failures, represented as a percentage of samples taken, for the last six years (1950 to 1955) are 5.96%, 2.41%, 2.45%, 0.96%, 0.84% and 0.27%, in that order

Any sample of milk failing the phosphatase test is examined for the presence of tubercle bacilli. The sample so examined this year was negative.

Sixty-three samples were examined for the presence of chlorates (a quarterly examination), and none was detected in any of the samples.

The following is a list of the Pasteurising Establishments for which licences were issued for 1955 :—

Name	*Address of Establishment*
Beswick, W.	South Street Dairy, Draycott.
Crowsnest Dairies, Ltd.	Swarkestone.
Davies & Cox, Ltd. .. .. (Ceased to operate after January 28th, 1955)	The Dairy, Castle Road, Castle Gresley
Gisborne Dairy, Ltd...	Manchester Road, Chapel-en-le-Frith.
Hives, Hon. J. W. and C. P. .. (From June 8th, 1955)	The Bendalls, Milton.
Hutchings, S., & Sons, Ltd. ..	175 Derby Road, Long Eaton.
Ilkeston Co-operative Society, Ltd...	Oakwell Dairy, Derby Road, Ilkeston.
Longden, A. V.	27 Hardwick Square South, Buxton.
Long Eaton Co-operative Society, Ltd.	Meadow Lane, Long Eaton.
Morten, R. B., & Son	The Creamery, Green Lane, Buxton.
Morton, J. H. .. .. .. (Ceased to operate after June 10th, 1955)	Allenscott Dairy, Grindleford.
Pleasley Co-operative Society, Ltd. ..	Pleasley, near Mansfield.
Redhills Dairy, Ltd.	Church Farm, Ockbrook.
Ripley Co-operative Society, Ltd. ..	Nottingham Road, Ripley.
Shaw, R. L.	Paddock Farm, West Hallam.
Wheldon, F.	94 Breedon Street, Long Eaton.
Wilts. United Dairies, Ltd.	Egginton Junction, near Derby.

In addition, an establishment—S. J. Bruckshaw, Shrewsbury Street, Glossop—which was licensed for the year by the Borough of Glossop, came under the control of the County Council on April 1st, but ceased to operate on December 3rd.

Specified Areas.

Under the Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950, sales of milk in a specified area are restricted to "Tuberculin Tested," "Pasteurised" and Sterilised" grades of milk.

The Districts in the County already specified are as follows :—

	Date of operation
The Borough of Ilkeston.	1st November, 1952
The Urban District of Long Eaton.	
The Parishes of Sandiacre and Stanton-by-Dale in Shardlow Rural District.	
The Borough of Chesterfield.	1st January, 1954
The Urban Districts of Bolsover, Clay Cross, Dronfield, Matlock, Staveley and Wirksworth.	
The Rural Districts of Blackwell and Chesterfield.	
The Urban District of Swadlincote.	1st October, 1954
The Rural District of Shardlow (excluding the Parishes of Sandiacre and Stanton-by-Dale, already specified).	

Another Order came into force on December 6th, 1955, and included in the area covered were the Parishes of Catton, Castle Gresley, Cauldwell, Coton-in-the-Elms, Drakelow, Linton, Lullington, Netherseal, Overseal, Rosliston and Walton-upon-Trent, all in Repton Rural District.

The Ministry have recently surveyed New Mills and Whaley Bridge Urban Districts with a view to including them in an Area.

As mentioned in previous Reports, progress in this matter must be gradual and is restricted by such things as availability and capacity of pasteurising plants as well as adequate wholesale and retail distribution.

Dairy Water Supplies.

Three dairies use water from their own sources. One has a chlorination plant, one is about to have one installed and the other uses the water for cleansing only. Twenty-six samples were taken during the year, and all but five of these were satisfactory.

Hospital Dairy Farms.

There are two Hospital Farms—Rough Heanor Farm, Mickleover and Pastures Hospital Farm, Mickleover—from which routine samples of milk are obtained on behalf of the Ministry of Health. A total of twenty-four samples was taken during the year for submission to the Methylene Blue Test, for keeping quality. Three failed this test. Eight samples examined both for tubercle bacilli and brucella abotrus proved negative.

WATER SUPPLIES.

Rural Water Supplies and Sewerage Act, 1944.

The following schemes of water supply have been submitted during the year for consideration by the Rural Water Supplies and Sewerage Act Sub-Committee :—

Authority submitting Schemes	*Parish*	*Estimated Cost*
Ashbourne R.D.C.	Biggin, Hulland, Hulland Ward and Kirk Ireton	£18,950
Repton R.D.C.	Sutton-on-the-Hill (Ashe extension)	£6,514
Repton R.D.C.	Osleston and Thurvaston (Culland Hall extension) ..	£2,180
Shardlow R.D.C.	Chellaston	£1,350

There have been a number of improvements to main supplies during the year, and in addition, various extensions have been carried out locally. The following is a summary of work completed :—

Buxton Borough	..	New mains laid, Terret to Harpur Hill, 6″; Ladmanlow to Canholes, 6″; King's Road, 4″. New booster pump installed near Stanley Moor borehole for high level area supply.
Chesterfield Borough	..	1,337 yards mains extensions to new housing sites.
Alfreton U.D.C.	..	450 yards new main at Windmill Estate, Riddings. 80 yards new main at Ewart Lane, Alfreton. 230 yards replacement main at Greenhill Lane, Riddings.
Bakewell U.D.C.	..	5,080 yards water pipes from Fallinge Springs to reservoirs de-scaled. 3,671 yards distribution mains de-scaled and bituminously lined. Mains extension to new building estate, Coombs Road.
Belper U.D.C. ..	..	512 yards new main laid at Charnwood Ave. 1,070 yards new main at Parks Estate.
Bolsover U.D.C.	..	938 yards new mains extensions.
Heanor U.D.C.	..	New mains laid at the Godkin Housing Estate.
Long Eaton U.D.C.	..	Work started on new 1 m.g. service reservoir at Risley. New 8″ mains at Derby Road to improve water pressure in S.E. portion of District. Mains extensions at Petersham Housing Estate and at Wilmot Street and Rufford Road.
Matlock U.D.C.	..	New 6″ link main (1,500 yards) for the Oaker-Wensley supply area. New high level main provided to serve Upperwood, Matlock Bath. Small extension at Bonsall to Dunsley Hill.
New Mills U.D.C.	..	Rowarth Scheme completed (2.3 miles main). Extensions at Longlands Drive and Church Lane.
Ripley U.D.C. ..	..	700 yards main from Butterley Hill to Lowes Hill renewed.
Wirksworth U.D.C.	..	Diesel pumping plant at Wigwell Borehole replaced by electric pump. Water mains renewed in the Bolehill area.
Blackwell R.D.C.	..	Mains extensions completed as follows :— 2,184 yards at Thickley Bank housing site, Shirebrook ; 46 yards at South Street, South Normanton ; 17 yards at North Street, Langwith ; 178 yards at Glapwell. 150 yards main re-aligned at Fordbridge Lane, South Normanton.
Clowne R.D.C.	..	Mains extensions at Creswell and Whitwell Parishes, total 269 yards.

SEWERAGE AND SEWAGE DISPOSAL.

Rural Water Supplies and Sewerage Act, 1944.

The following schemes of sewerage and sewage disposal have been submitted to the Rural Water Supplies and Sewerage Act Sub-Committee during the year :—

Authority submitting the Scheme	*Parish*	*Estimated Cost*
Ashbourne R.D.C.	Hartington (Town Quarter) ..	£16,800
New Mills U.D.C.	Rowarth Sewerage Scheme ..	£5,150
Chesterfield R.D.C.	Amber Valley Sewerage Scheme	£70,641

The following is a summary of work of sewerage and sewage disposal carried out during the year :—

Buxton Borough ..	Foul and surface water sewers constructed at Victoria Park Estate.
Chesterfield Borough ..	Additional sludge drying beds constructed (12,300 square yards).
Bakewell U.D.C. ..	New foul sewer laid to serve Spencer Flat Field Estate.
Belper U.D.C.	Sewage works extension scheme completed.
Bolsover U.D.C. ..	Moor Lane pumping scheme completed. Sewers extended at Castle Estate. Work commenced on the extension of sewage works at Langley Mill.
Matlock U.D.C. ..	Work on extensions at Lea Works proceeding.
Ripley U.D.C.	Small humus tank added at Street Lane Works.
Blackwell R.D.C. ..	Extensions at Shirebrook Works completed and in use. Improvements at South Normanton Works nearing completion. Humus tanks being installed at Birchwood and Carn Field. 326 yards 9″ sewer re-laid at Tibshelf. Extension of 9″ sewer at Red Lane, South Normanton completed. 242 yards 15″ outfall sewer re-laid at South Normanton.
Clowne R.D.C. ..	1,654 yards sewer laid for development of Council housing estates. 3,421 yards surface water sewer and 2,383 yards foul water sewer laid for the Coal Industry Housing Association at Creswell. 2,188 yards of pipe runs laid in connection with the new sewerage system at Creswell.

Ministry of Housing and Local Government Inquiries.

Bakewell R.D.C. Tideswell and Litton Sewage Disposal Works.

An Inquiry was held on the 26th January, 1955, by an Engineering Inspector of the Ministry of Housing and Local Government into the application of the Bakewell R.D.C. for permission to spend £1,425 on the provision of an access road to the sludge drying lagoons at these sewage works. The Clerk of the Rural District Council explained

the difficulties in dealing with the sludge, and stated that the cost would amount to an increased rate of 1/5th of a penny for the district. He added that to construct the road, a brook which runs through the works would have to be culverted, and that the County Council had agreed to contribute £300 of the £1,425 as this culvert would help in supporting the retaining wall of the adjoining footpath and highway.

Later, the Inspector dealt with the cost of the work which had already been carried out in connection with the extension of these works. The original estimated figure was £11,980 and it appeared that overspending had taken place to the extent of some £6,900. It was explained that certain engineering difficulties had made the work more difficult and the non-availability of local labour had meant the daily transport of workmen from other areas as far away as Clay Cross.

Chesterfield R.D.C. Northern Area Sewerage and Sewage Disposal Works.

An Engineering Inspector of the Ministry of Housing and Local Government attended the Chesterfield Rural District Council Offices on the 16th February, 1955, to hold an Inquiry into the Rural District Council's proposals to construct new sewage works at Holbrook, in the Parish of Eckington, to replace the five existing works at Eckington, Mosborough, Holbrook, Killamarsh and High Moor. The scheme, which will take about two-and-a-half years to carry out, is estimated to cost £243,690. The Inspector visited the five sewage works which are to be replaced, and asked for certain modifications to be submitted to him concerning the diameter of certain sewers, the capacity of certain pumps and the method of sludge drying.

Ashbourne R.D.C. Newhaven Reservoir Scheme.

An Inquiry was held at Ashbourne on April 15th, 1955, with regard to this Scheme. The Local Authority proposed to construct a storage reservoir, capacity 240,000 gallons, at Newhaven. The estimated capital cost was said to be £18,000. The Engineer to Ashbourne R.D.C. said that the reason for the present scheme was the unsatisfactory quality of water from Sheen Borehole—it has a very high iron and carbon dioxide content. The Inspector enquired about the cost of iron removal from the Sheen water, and later said that it might be necessary to review the position.

Belper R.D.C. Sewerage, Dethick Lea and Holloway.

An Inquiry was held on March 10th, 1955, in connection with proposals by Belper R.D.C. for the sewering of the Parish of Dethick Lea and Holloway, at an estimated cost of £40,533. Briefly, the proposals consisted of the construction of sewers throughout the Parish, the final outfall discharging into the disposal works of Matlock U.D.C. near the Parish boundary, in the Derwent Valley. It was stated that an existing sewer, serving 174 premises, discharged straight into Lea Brook, which also received ordinary sewage from Lea Mills. Trade waste from Lea Mills was piped straight into the River Derwent.

The new scheme embraced all except twenty-seven houses in the district and provided for both the ordinary sewage and the trade waste from Lea Mills. Informal agreement had been reached between the two authorities for the necessary connections to be made, and for payment on a capital basis and also the gallonage. The Ministry Inspector said that he would require further information and certain assurances with regard to these arrangements.

Shardlow R.D.C. Chellaston Sewerage and Sewage Disposal Works.

An Inquiry was held on March 9th, 1955, into the proposals put forward by Shardlow R.D.C. for the extension of the sewage works at Chellaston, at an estimated cost of £41,100. Evidence was given that the existing works were severely overloaded, were producing a bad effluent and were causing "backing-up" of house drains. The Council's Consulting Engineers submitted a report showing that certain figures had been agreed upon between them and the County Planning Officer and the Council's Water Engineer, and that the County Council had approved the scheme in principle. There was a technical objection from a representative of the Sinfin Moor Drainage Board on the grounds that more water would be put into Cuttle Brook. He asked that his Board should be compensated financially.

Ashbourne R.D.C. Doveridge Sewerage and Sewage Disposal.

An Inquiry was held on June 7th, 1955, with regard to the proposals by Ashbourne R.D.C. for the construction of new disposal works for Doveridge Village, and certain re-sewering in the Village. The Council made application to borrow £18,400 for these purposes. Evidence was given that the existing works were quite incapable of dealing with the flow of sewage and were in very bad condition. The proposals necessitated building the new works somewhat nearer to existing properties, and there were strong objections from the occupiers and their representatives to the choice of this site. (It is understood that the Minister later refused a Compulsory Purchase Order in respect of this site and suggested that he was prepared to consider proposals for alternative sites).

Ashbourne R.D.C. Fenny Bentley Sewerage and Sewage Disposal.

An Inquiry was held on June 28th, 1955, in connection with proposals by Ashbourne R.D.C. for the sewering of Fenny Bentley Village and the construction of new sewage disposal works. Evidence was given of the need for these improved facilities, the cost of which would probably rise to about £12,000, working out at about £200 per house. There were no objections to the scheme.

Clowne R.D.C. Creswell Sewerage and Sewage Disposal.

An Inquiry was held at Clowne on August 26th, 1955, to investigate the progress of the new sewerage scheme for Creswell. It was stated that work was about 50% completed, the expenditure to

the end of July being £63,783 out of an estimated total cost of approximately £91,000. The excess on completion over the estimated cost was expected to be £3,460. Reasons were given for the excess cost, such as subsidence due to mine workings and the necessity to widen a bridge to give better access to the new works. With regard to mining subsidence, it was agreed that work would have to be held up for a time at the sewage works until settlement had taken place.

Ashbourne R.D.C. Brailsford Sewerage and Sewage Disposal.

The date of this Inquiry was the 23rd November, 1955, and it was held for the purpose of ascertaining the progress made on the scheme, which was started on May 16th, 1955. It was stated in evidence that the laying of the sewers and the building of the disposal works was 95% completed, and that the plant should be in operation by the end of the year. The estimated final cost had increased by £152, from £16,900 to £17,052. Labour difficulties and wage increases were said to be largely responsible for the increase.

MIDWIVES ACTS, 1936 - 1951.

The Midwives Acts are administered by the County Council as the Supervising Authority for the whole of the Administrative County, including the Borough of Chesterfield.

Number of Midwives.—At the end of 1955 there were 195 Midwives on the County Roll—six were Midwives in independent practice; seven were Midwives working in private Nursing Homes; eighty were Midwives working in Regional Hospitals, Board Hospitals and Maternity Homes; and seventy-two were County Midwives and thirty were County Home Nurse/Midwives.

Records Received.—The following Table gives the records received, with corresponding figures for previous years:

TABLE V

	1949	1950	1951	1952	1953	1954	1955
Records received :—							
Medical Help	1,225	961	657	510	506	432	433
Stillbirths	119	101	120	115	92	135	119
Deaths of Children ..	60	27	65	79	55	56	68
Deaths of Mothers ..	2	2	4	3	1	4	1
Laying out the dead ..	24	16	14	14	13	17	13
Liability to be a source of infection	40	52	46	91	67	66	30
Notification of Artificial Feeding (within 14 days)	265	309	360	403	427	474	610
Puerperal Pyrexia—Midwives' Cases	4	5	11	17	18	22	15
Ophthalmia Neonatorum—ALL CASES	7	7	7	3	4	3	6

PUERPERAL PYREXIA.

The Puerperal Pyrexia Regulations, 1951, require Puerperal Pyrexia to be regarded as a notifiable disease but with slight modifications, which include a revised definition of the condition. In effect the Regulations apply Section 144, 145 and 146 of the Public Health Act, 1936, to Puerperal Pyrexia, and at the same time amend Section 144. This means that Puerperal Pyrexia is now defined as "any febrile conditions occurring in a woman in whom a temperature of 100.4° Fahrenheit (38° Centigrade) or more has occurred within fourteen days after child birth or miscarriage."

The following Table shows the total number of cases of Puerperal Pyrexia notified to me over the past ten years and the case rate from this condition per 1,000 births. (The figures up to and including the year 1947 exclude the Borough of Chesterfield).

TABLE VI.

Year	*No. of cases of Puerperal Pyrexia*	*No. of Live Births and Still Births in Whole County*	*Case rate per 1,000 Births*
1946 ..	52	13,067	3.97
1947 ..	37	12,637	2.92
1948 ..	33	12,452	2.65
1949 ..	28	11,852	2.36
1950 ..	24	11,295	2.12
1951 ..	21	10,846	1.94
1952 ..	36	10,623	3.39
1953 ..	54	11,272	4.79
1954 ..	44	10,391	4.23
1955 ..	23	10,351	2.22

MATERNAL MORTALITY.

The maternal mortality rate for the whole County for the year 1955 was 0.38 per thousand live and still births. The following Table gives the maternal mortality rate in the County since 1936. The figures up to and including the year 1947 exclude the Borough of Chesterfield.

TABLE VII.

Year	*Rate*	*Year*	*Rate*
1936	3.27	1946 .. .	1.37
1937	3.89	1947 .. .	1.11
1938	3.65	1948 .. .	0.72
1939	2.15	1949	1.01
1940	2.47	1950	1.44
1941	2.57	1951	1.028
1942	2.43	1952	0.749
1943	2.20	1953	0.55
1944	1.32	1954	0.75
1945	1.42	1955	0.38

The Registrar-General makes available to local authorities annual statistics showing the number of deaths occurring in the County under various headings. Up to 1950 two of these headings were entitled "Puerperal and Post-Abortion Sepsis" and "Other Maternal Causes" respectively. These statistics were used to estimate the maternal mortality rate per thousand live and still births, the figure in 1949 being 1.01 per thousand. From 1950 deaths under the above headings have not been categorised in the Registrar's returns, but have been replaced by a single item entitled "Pregnancy, Childbirth, Abortion." For this reason the figures for 1950 and subsequently are not strictly comparable with the Maternal Mortality rates in earlier years.

OPHTHALMIA NEONATORUM.

The incidence of Ophthalmia Neonatorum during the year 1955 and the results of treatment are set out in the following Table :—

TABLE VIII.

Notified	*Cases Treated*		*Vision Un-impaired*	*Vision Impaired*	*Total Blindness*	*No. of Deaths*
	At Home	*In Hospital*				
6	3	3	6	—	—	—

The number of cases and the results of treatment over the past twenty years, are expressed below in tabular form.

TABLE IX.

Year	*No. of Cases*	*Vision Unimpaired*	*Vision Impaired*	*Total Blindness*	*No. of Deaths*
1936	32	31	–	–	1
1937	35	35	–	–	–
1938	29	24	1	–	4
1939	26	23	–	–	3
1940	17	17	–	–	–
1941	24	23	–	–	1
1942	29	29	–	–	–
1943	31	29	1	–	1
1944	23	22	–	–	1
1945	21	21	–	–	–
1946	14	13	–	–	1
1947	10	10	–	–	–
1948	6	6	–	–	–
1949	*7	6	–	–	–
1950	7	7	–	–	–
1951	7	7	–	–	–
1952	3	3	–	–	–
1953	4	4	–	–	–
1954	3	3	–	–	–
1955	6	6	–	–	–

* *Note*—One case transferred out of area.

REGISTRATION OF NURSING HOMES.

The County Council acts as the Authority for the Registration of Nursing Homes under Sections 187 to 194 of the Public Health Act, 1936, for the whole of the Administrative County except the Boroughs of Chesterfield, Glossop and Ilkeston, the duties having been delegated to the Corporations of these Boroughs by the County Council under Section 194 of the same Act. Following a report after an inspection by a Medical Officer on the staff of the Health Department, consideration is given by the Weights and Measures and Miscellaneous Services Committee to the registration of premises for an approved number of maternity or general nursing beds.

The position on December 31st, 1955, regarding the Homes registered in the County, except in the Boroughs mentioned above, is shown below :—

Name and Address of Nursing Home	*Accommodation approved*
Portland Nursing Home, "Craiglands," The Park, Buxton	15 Medical Cases.
Lone Oak Nursing Home, Church Side, Hasland	1 Maternity Case.
Derby House Nursing Home, Broad Walk, Buxton	28 Medical Cases.
Ednaston Lodge, St. Mary's Nursing Home, Ednaston	20 Medical and Surgical Cases.
Dalton House, Broad Walk, Buxton ..	16 Medical Cases.
Borrowash House, Borrowash, Derby..	17 Unmarried Mothers.

TUBERCULOSIS SCHEME.

Statistics Relating to New Cases and Deaths from the Disease.

The statistical study of any disease which appears to be on the decline is always a profitable and even fascinating occupation. The paragraphs that follow which show the present position in the County of new cases and deaths from tuberculosis deal with this problem. The more general considerations including the scheme of care and after care, the working together of doctors and central office staff are considered later in this report when dealing with Section 28 of the National Health Service Act, 1946.

The following short paragraph, slightly amended, is taken from the 1954 Annual Report :—

"NOTIFICATIONS

The notification of a case of tuberculosis is the first administrative step in a chain of events which includes the treatment of the patient, the provision of care and after-care and the

prevention of the spread of disease to others. These events involve the General Practitioner Service, the Hospital and Specialist Services and the Local Authorities which in administrative counties are the Sanitary Authorities as well as the County Councils.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1952.

Within the Administrative Counties notifications are made to the Medical Officer of Health of the appropriate County District. This is done under the Public Health Tuberculosis Regulations, 1952. These Regulations state :—

> 'Every medical practitioner who forms the opinion from evidence other than evidence derived solely from tuberculin tests that a person is suffering from tuberculosis shall, as soon as he forms that opinion, send to the Medical Officer of Health of the district in which the person is living at the time a certificate in the form set out in the first schedule to these regulations.'
>
> A copy of every notification made under the Regulations must be sent to the County Medical Officer as prescribed by the Tenth Schedule of the National Health Service Act, 1946, as amended by the Schedule to the National Health Service Act, 1949."

The Ministry of Health have requested that the annual return of primary notifications and new cases coming to the knowledge of the County Medical Officer otherwise than by notification should be rendered in two parts, as follows :—

(1) Those parts of the County in the North Western Region which comprise the administrative areas of Buxton M.B., Glossop M.B., New Mills U.D., Whaley Bridge U.D., and Chapel-en-le-Frith R.D.

(2) The remainder of the administrative County.

Table X, which follows, gives the relevant figures for the past ten years, showing the Respiratory and Non-respiratory categories as well as males and females separately. It has not been possible however to divide them throughout this period into the two Hospital Regions as the Ministry of Health requested records to be kept in this way only from 1950. Table XI however which deals only with the year under review is given in two parts, and shows the North West of the County separately.

TABLE X.

SUMMARY OF NEW CASES REPORTED FROM 1946 UNTIL 1955 INCLUSIVE.

Respiratory	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955
Males	227	229	251	295	246	294	276	253	238	197
Females ..	180	182	157	196	180	170	212	169	153	106
Total ..	407	411	408	491	426	464	488	422	391	303
Non-Respiratory										
Males ..	63	62	55	52	49	36	32	23	30	33
Females ..	72	56	50	49	39	47	49	34	32	34
Total ..	133	118	105	101	88	83	81	57	62	67
Total .. Pul. and Non-Pul.	542	529	513	592	514	547	569	479	453	370

As regards the respiratory form of the disease, there has been some fluctuation over the years; however, there has been a progressive reduction since 1952. The cases reported in 1955 are 88 less than the number for 1954.

The non-respiratory figures are half what they were in 1946, but since 1953 when the lowest numbers were recorded they have increased slightly.

To revert to the figures for the Respiratory form of the disease I find that in the Annual Report for 1954 I wrote "The figure of 391 respiratory cases is the lowest since 1940, and is a hopeful pointer to the future." I feel that the notifications for 1955 more than justify that remark. The reduction was then thirty-one cases on the 1953 figures but the present figure of 303 is a reduction of 88 on the number for 1954 which was 391.

Table XI has again been included in the expanded form which was introduced last year, and which, it is hoped, will be of even greater value this year when consideration is given later in this report to the pros and cons of such measures as B.C.G. Vaccination. This is because, with the marked decline in the overall incidence of the disease, particular attention is becoming focussed on special age groups and again is of great importance in discussing vaccination.

This continued and marked reduction in new cases is a strong argument against the theory which was held until recently, and may still be held by some, that while the introduction of anti-tuberculous drugs had undoubtedly lowered the death rate from the disease, this often tended to increase the "pool of infection" and that notification rates were still running at a high level.

I feel that when due weight is given to the vastly greater interest now shown in chest diseases, when to have one's chest X-rayed is a commonplace, instead of a rarity, the lower notification rates are even more significant, as fewer cases must remain undetected.

TABLE XI.

New cases of tuberculosis during 1955 either "notified" or coming to the knowledge of the Authority by other means, e.g., death returns from Local Registrars or the Registrar General.

1955.

Age Groups ..	0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	*Total all ages*
Respiratory—														
Males ..	1	1	6	9	4	8	18	44	33	33	26	14	–	197
Females ..	–	–	4	4	5	8	19	28	13	12	9	3	1	106
Non-respiratory—														
Males	–	–	4	9	6	4	4	2	–	2	1	–	1	33
Females ..	1	–	5	7	5	8	1	4	3	–	–	–	–	34
Total ..	2	1	19	29	20	28	42	78	49	47	36	17	2	370

The above figures are for the whole of the Administrative County and include the numbers of cases reported in the area of the Manchester Regional Hospital Board in Derbyshire which, however, are shown separately below.

1955.

Age Groups ..	0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	*Total all Ages*
Respiratory—														
Males ..	–	–	–	–	–	–	3	2	3	2	–	1	–	11
Females ..	–	–	–	–	–	1	3	–	2	–	–	–	–	6
Non-respiratory														
Males ..	–	–	1	–	–	–	–	–	–	1	–	–	–	2
Females ..	1	–	–	–	–	–	–	–	1	–	–	–	–	2
Total ..	1	–	1	–	–	1	6	2	6	3	–	1	–	21

In comparing the figures in the first line (Respiratory—Males) of Table XI with the similar line in the corresponding Table for the previous year, the figures in nine out of the thirteen age group show a decrease. In one age group the figure is the same and in three others there are small increases, the greatest being an increase of two cases in the 55— age group.

The same picture unfolds itself when the second line of figures (Respiratory—Females) is studied ; in fact consistently lower figures are found, except in the three later age groups, 45— and 65—, in each of which there is one more case than last year, and 55— where there are three more cases. As, however, the total (Respiratory—Females) has dropped from 153 to 106, these slight rises at older age levels only emphasize the striking reductions among younger people.

The three age groups 5—, 10—, and 15—, are of particular interest as they are often the special target for protagonists of mass vaccination. The figures (Respiratory—Males and Females) for these three groups are 75 cases in 1954 and 38 in 1955. It is interesting to speculate what would have been written about these statistics if we had introduced mass vaccination of 5 year old children and school leavers a year or two ago. It will be realised that the scheme considered by the local Health Authority at the Ministry's request in a Circular issued in November 1953 was related only to the older school children, just before they left school. This vaccination is designed to protect children in the 15— age group, and ought of course show its greatest effects in the age range 15-20 years. A close study of the figures for the two years 1954 and 1955 in that very age group (Respiratory—Males and Females) show a decline from 32 cases to 16 cases. In all fairness it must be admitted that only time will tell whether the great advances made without mass vaccination will continue. Many factors are at work which are discussed under a more appropriate heading later in this report. The above is only a "close look" at the notification figures which show tuberculosis from the public health and epidemiological specialists' view point to be in a most interesting and encouraging phase of its history.

Details of the clinical types of cases reported are shown in the following Table :—

TABLE XII.

Pulmonary	303
Non-pulmonary :—	
Glands	30
Meningitis	3
Bones and Joints	13
Abdominal	11
Genito-Urinary	7
Miliary	1
Lupus	—
Other forms	2
Grand Total	370

DEATHS FROM TUBERCULOSIS.

On this subject I can only repeat what I said in 1954 that the statistics given below speak for themselves.

The annual number of deaths has been halved since 1950, but it must be borne in mind that while the notification rate may decline steeply, it is only to be expected with a disease which in its fatal forms often kills so slowly that the fall in the death rate becomes less dramatic. It is obvious that if fresh infections could be prevented from now on, people, already suffering from the disease, would still be dying of it in five, ten or fifteen years time.

TABLE XIII.

	1950	1951	1952	1953	1954	1955
Respiratory ..	154	119	110	113	80	74
Non-respiratory ..	18	23	12	12	12	10
	172	142	122	125	92	84

The death rates per thousand of the population are as follows :—

	1950	1951	1952	1953	1954	1955
Respiratory.. ..	0.22	0.17	0.16	0.16	0.11	0.11
Non-respiratory ..	0.03	0.03	0.02	0.02	0.02	0.02
	0.25	0.20	0.18	0.18	0.13	0.13

The above figures are given to only two places of decimals ; it so happens that if there had been one less death from Respiratory Tuberculosis the figure of 0.11 would have been shown as 0.10.

The provisional figure for England and Wales supplied by the Registrar-General for 1955 is 0.146 deaths per thousand of the home population.

Last year I rounded off this section on statistics relating to tuberculosis with a few general remarks on the history and trends of the disease. The following is taken from an article in a Ministry of Health Bulletin published in 1956 by Dr. D. Thomson :—

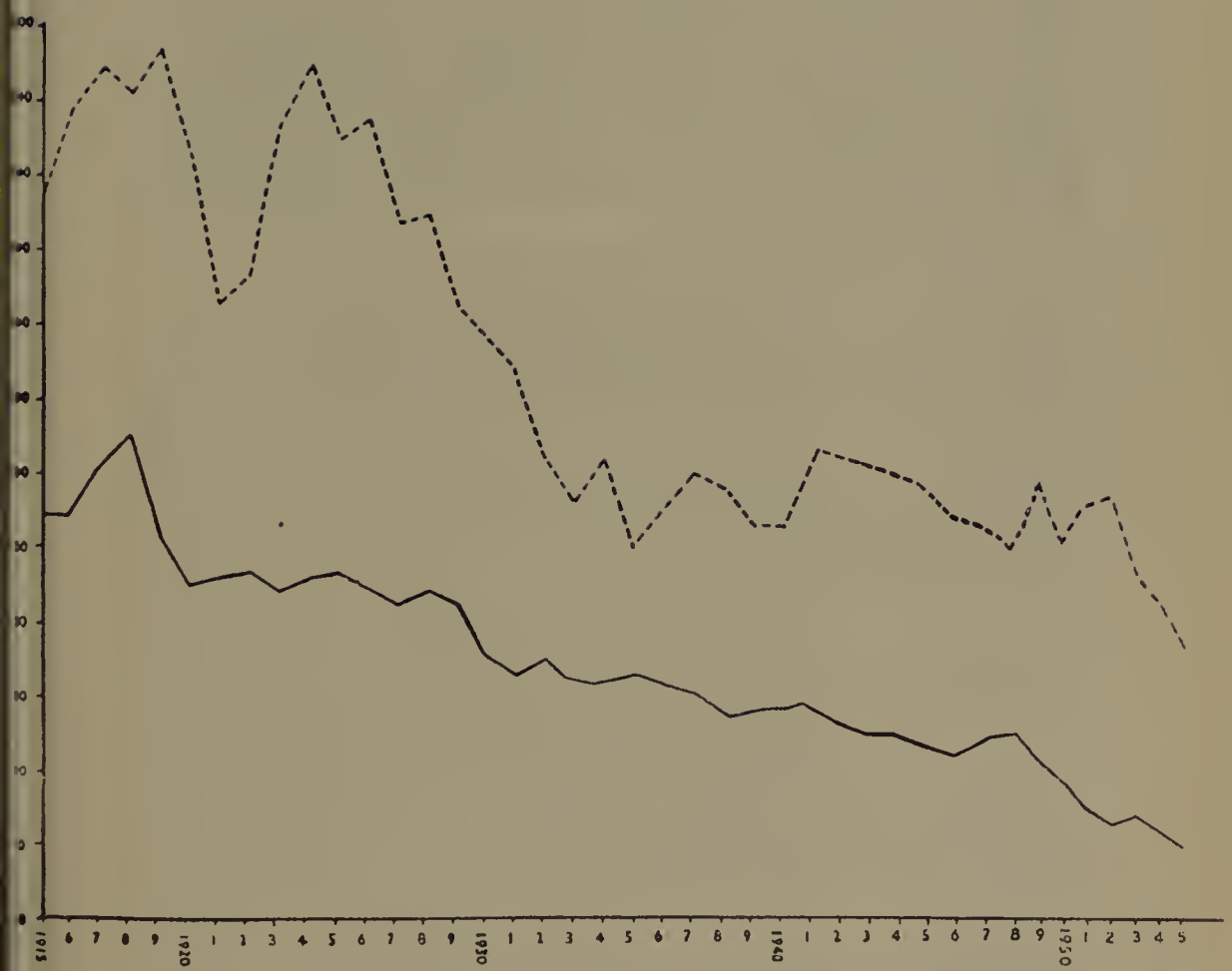
> "In the battle against this scourge, which has killed literally billions since the beginning of recorded history, the present is generally recognised as a critical time, for in the past five years the biological balance has turned against the tubercle bacillus to a greater extent than ever before. This only becomes understandable when viewed as an evolutionary process. Unless the statistical evidence of this trend is examined and the effort made to ascertain the reasons for its occurrence and so to determine the most profitable lines of advance, attempts at control are as if coping with 'the pestilence that walketh in darkness' of the Psalmist."

The table below shows the notifications and deaths in Derbyshire during the last ten years :—

TABLE XIV.

Year	*New Cases*	*Deaths*	*Year*	*New Cases*	*Deaths*
1946 ..	542	222	1951 ..	547	142
1947 ..	529	242	1952 ..	569	122
1948 ..	513	243	1953 ..	479	125
1949 ..	592	205	1954 ..	453	92
1950 ..	514	172	1955 ..	370	84

TUBERCULOSIS


NOTIFICATIONS OF ALL FORMS
OF TUBERCULOSIS
DEATHS FROM ALL FORMS
OF TUBERCULOSIS
1915 6 7 8 9 1920 1 2 3 4 5 6 7 8 9 1930 1 2 3 4 5 6 7 8 9 1940 1 2 3 4 5 6 7 8 9 1950 1 2 3 4 5

NATIONAL HEALTH SERVICE ACT, 1946.

CARE OF MOTHERS AND YOUNG CHILDREN.
(Section 22).

ANTE-NATAL SCHEME.

Ante-Natal Clinics.

Twenty-three Ante-Natal Clinics are maintained by the Authority: seven in Municipal Boroughs, twelve in Urban Districts and four in Rural Districts. Twenty-one of the Clinics are conducted by the County Council's Maternity and Child Welfare Medical Officers, and the remaining two by Consultant Obstetricians provided by the Regional Hospital Board. A Health Visitor is in attendance at each Clinic, as well as one or more of the Authority's Domiciliary Midwives. No Clinics are conducted under the Authority's arrangements by General Practitioners on their own premises. Arrangements are made for the collection of blood from all patients, so that A.B.O. group typing and Rh. typing, as well as serum tests for Syphilis, may be performed. All these facilities are available to both married and unmarried mothers.

Details of the Ante-Natal Clinics are set out below :—

ALFRETON ..	County Clinic, Grange Street. Each Friday, 9 a.m. to 12.30 p.m. and 1.30 p.m. to 4 p.m.
ASHBOURNE ..	Maternity Home, Green Road. Each Thursday, 9 a.m. to 12.30 p.m. and 1.30 p.m. to 4 p.m.
BELPER	The Cedars, Field Lane. 1st and 3rd Mondays, 9 a.m. to 12.30 p.m.
BOLSOVER ..	County Clinic, Welbeck Road. Each Friday, 9 a.m. to 12.30 p.m.
BUXTON	Child Welfare Centre, Bridge Street, Buxton. 1st and 3rd Tuesdays, 9 a.m. to 12.30 p.m. and 1.30 p.m. to 4 p.m.
CHESTERFIELD	County Cases—Maternity Home. Each Wednesday, 10 a.m. to 3 p.m. Borough Cases—Maternity Home. Each Thursday, 10 a.m. to 12 noon and 2 p.m. to 4.30 p.m. ; Each Friday, 2 p.m. to 4.30 p.m. Edmund Street. Each Tuesday, 2 p.m. to 4.30 p.m. ; 1st, 3rd and 4th Tuesdays, 10 a.m. to 12 noon.
CLAY CROSS ..	County Clinic, High Street. Each Friday, 9 a.m. to 12.30 p.m. and 1.30 p.m. to 4 p.m.
CLOWNE	County Clinic, Creswell Road. Each Wednesday, 9 a.m. to 12.30 p.m.
DERBY	County Clinic, County Office's Yard. Each Tuesday, 9 a.m. to 12.30 p.m.
DRONFIELD ..	The Grange. 2nd and 4th Mondays, 9 a.m. to 12.30 p.m.
ECKINGTON ..	Wesleyan School. 1st, 3rd and 5th Thursdays, 9 a.m. to 12.30 p.m. and 1.30 p.m. to 4 p.m.
FRECHEVILLE ..	County Clinic, Fox Lane. 1st, 3rd and 5th Mondays, 9 a.m. to 12.30 p.m. and 1.30 p.m. to 4 p.m.
GLOSSOP ..	Municipal Buildings. 1st Wednesday, 3.30 p.m. to 4.30 p.m.
HEANOR ..	County Clinic, Wilmot Street. 1st and 3rd Wednesday, 1.30 p.m. to 4 p.m.

ILKESTON ..	County Clinic, Albert Street. Each Monday, 2 p.m. to 4 p.m.
LONG EATON ..	4 Nottingham Road. Each Wednesday, 9 a.m. to 12.30 p.m. and 1.30 p.m. to 4 p.m.
MATLOCK ..	Dean Hill House, Causeway Lane. 1st and 3rd Thursday, 9 a.m. to 12.30 p.m.
RIPLEY	Cottage Hospital. 2nd and 4th Fridays, 1.30 p.m. to 4 p.m.
SHIREBROOK ..	Cliff House, Church Hill. Each Monday, 9 a.m. to 12.30 p.m.
STAVELEY ..	County Clinic, Lime Avenue. 2nd and 4th Thursdays, 9 a.m. to 12.30 p.m. and 1.30 p.m. to 4 p.m.
SWADLINCOTE	County Clinic, Alexandra Road. 2nd and 4th Tuesdays, 9 a.m. to 12.30 p.m.

The building of Clowne Clinic was completed in September 1955, and Ante-Natal Sessions commenced there on Wednesday, 14th September.

The following are the number of sessions and attendances at these Clinics during 1955 :—

Half-day Sessions	1,336
Number of new Cases	3,777
Total number of attendances	15,740
Post-Natal visits	608

NATIONAL BLOOD TRANSFUSION SERVICE.

In the early part of the year it was arranged that Dr. C. C. Bowley, Director of the Regional Blood Transfusion Service, Sheffield, should visit various parts of the County to lecture on the work of the Sheffield Regional Blood Transfusion Centre.

These lectures, which were held in Buxton, Chesterfield, Derby, Dronfield and Matlock were attended by Maternity and Child Welfare Medical Officers, Health Visitors, Midwives, and Home Nurse Midwives in these areas, and were much appreciated by all who had the opportunity of hearing this able speaker.

Dr. Bowley spoke of the large area covered by the Sheffield Centre and the great number of tests carried out there each year. He emphasised, in view of this, the need for absolute accuracy in labelling blood specimens and filling in the accompanying forms in order to avoid any accidents in the subsequent blood transfusion of patients. It speaks much for the excellent organisation at Sheffield where, by their meticulous checking and counter checking of blood results, a high degree of accuracy is maintained.

His lecture which traced the recent advances in the discovery of new substances in the blood and gave an account of the Rh factor and the significance of the Rh antibodies, provoked lively discussions afterwards, without fail, at all the meetings.

It was felt that great benefit was derived from Dr. Bowley's tour of lectures and, as he said himself, "I feel that both parties will benefit considerably from knowing a little more about each other."

ROUTINE X-RAY EXAMINATIONS OF PATIENTS ATTENDING ANTE-NATAL CLINICS.

During 1953, arrangements were made with Nottingham No. 2 Hospital Management Committee by which patients attending Ilkeston Ante-Natal Clinic could be X-Rayed at Ilkeston General Hospital.

In November 1954, a circular letter was received from Sheffield Regional Hospital Board which set out arrangements by which patients in other parts of the County, within the area of the Board, could be X-Rayed. During the past year, with the co-operation of the other Regional Hospital Boards and Hospital Management Committees concerned, these facilities have been extended to all expectant mothers in the County, who may now avail themselves of a routine Chest X-Ray during pregnancy, at the Mass Miniature Radiography Centre or Camera Unit most convenient to the Ante-Natal Clinic which they attend.

Special Ante-Natal Sessions are held at all the centres, appointments being made at the Chest Centre through the Maternity and Child Welfare Medical Officer in charge of the Ante-Natal Clinic. Details of these sessions are given below.

Chest Centre.	*Medical Director.*	*Sessions.*
CHESTERFIELD. Chest Clinic, Brimington Road. *Tel.:* Chesterfield 4048.	Dr. T. A. Blyton.	Wednesday Mornings.
DERBY. Chest Clinic, Green Lane. *Tel.:* Derby 40366.	Dr. H. M. Brown.	Monday Afternoons.
NOTTINGHAM. Chest Radiography Centre, Postern Street. *Tel.:* Nottingham 41782 - 43768.	Dr. E. A. Beynon.	Wednesday Afternoons, 3 p.m.
SHEFFIELD. Mass Radiography Centre, Ellin Street, Sheffield, 2. *Tel.:* Sheffield 22580.	Dr. W. J. Wilson.	Tuesday Afternoons, 1.30 to 2.30 p.m.

In the North-west of the County where the number of patients likely to be referred to a Chest Clinic was small, making it impractical to provide special ante-natal sessions it was suggested by the officers of the Manchester Regional Hospital Board that these patients be referred through their general practitioners to the "open" X-Ray department of a General Hospital (for example, in the case of Glossop to Ashton-under Lyne Hospital, and in the case of Buxton to the Devonshire Royal or Buxton and District Hospital).

Arrangements for selecting women whose confinement in Hospital is recommended on medical or social grounds.

The provision of Hospital accommodation for maternity cases is the responsibility of Regional Hospital Boards. To facilitate the administrative arrangements concerning the large number of patients desiring hospital or maternity home accommodation, Bed Bureaux have been set up at Chesterfield and Derby by the Sheffield Regional Hospital Board. Forms of application for admission are available at the Authority's ante-natal clinics, and these are passed to the respective Bed Bureaux.

Where admission to a hospital bed is recommended on medical grounds, this is sufficient to ensure invariably that a bed is made available, providing arrangements are not left until the last moment. In most cases, however, applications are based on social need, and such cases are referred to this authority for a report on the home circumstances. In the light of that report, which is made after a visit to the patient's home by one of the Health Visitors, a recommendation is made as to the necessity for a Hospital or Maternity Home bed.

In practice the scheme has worked smoothly and no changes are envisaged at the present time.

The following is an analysis of cases visited by Health Visitors for a report on the home circumstances :—

DERBY BED BUREAU

Suitable for home confinement	28
Hospital accommodation desirable but not essential	73
Home conditions unsuitable and hospital confinement necessary	335
Miscellaneous visits (i.e. cancellations, miscarriages, removals from district, etc.)	16

CHESTERFIELD BED BUREAU

Suitable for home confinement	82
Hospital accommodation desirable but not essential	224
Home conditions unsuitable and hospital confinement necessary	532
Miscellaneous visits (i.e. cancellations, miscarriages, removals from district, etc.)	19

OTHER HOSPITALS OUTSIDE THE AREAS OF THE DERBY AND CHESTERFIELD BED BUREAUX

Suitable for home confinement	11
Hospital accommodation desirable but not essential	55
Home conditions unsuitable and hospital confinement necessary	140
Miscellaneous visits (i.e. cancellations, miscarriages, removals from district, etc.)	8

CHILD WELFARE CENTRES.

During 1955, no new Infant Welfare Centres were opened.

The number of sessions and attendances at the County Council Infant Welfare Centres during 1955 are set out below :—

Half-day sessions	4,030
Number of new cases under one year of age	6,125

Number of children who attended during the year and who were born in :—	
1955	6,724
1954	4,495
1953-50	4,121
Total number of children who attended during the year	15,340
Number of attendances made by children who, at the date of attendance, were :—	
Under one year	69,070
One but under two	16,332
Two but under five	10,534
Total attendances during the year	95,936

CARE OF PREMATURE INFANTS.

(i.e., Babies weighing 5½ lbs. or less at birth).

Local Health Authorities are required by the Ministry of Health to provide statistics about premature babies. Since the inception of the National Health Service information has been obtained from hospitals regarding premature births and the survival of premature infants in hospitals, and from Local Health Authorities in respect of births at home or in Private Nursing Homes, together with information from both sources in respect of infants admitted to hospital after birth elsewhere. It was found by the Ministry of Health that this dual source of information gave rise to considerable inaccuracies and discrepancies in the returns, and as a consequence it was considered appropriate for the local Health Authority, as the Authority ultimately responsible for the care of all infants in its area, whether born at home or in hospital, to assume responsibility for the collection and transmission of information in respect of all premature infants. Accordingly, from the beginning of 1953, the statistics provided by the Local Health Authority relate to hospital births as well as domiciliary and nursing home births, thus constituting a complete record of the occurrence of each premature birth (live and still) and of the survival of premature infants in the area of the Local Health Authority.

Statistics for the year 1955 are set out below :—

Number of premature live births notified (as adjusted by transfer notifications) :—	
(*a*) In Hospital	479
(*b*) At home	228
(*c*) In private Nursing Homes	54
Total..	761
Number of premature stillbirths notified (as adjusted by transfer notifications) :—	
(*a*) In hospital	102
(*b*) At home	24
(*c*) In private Nursing Homes	3
Total..	129

Of the 479 premature live births who were born in hospital, 50 died within twenty-four hours of birth and 391 survived twenty-eight days.

Of the 228 born at home, 41 were transferred to hospital on or before the twenty-eighth day, and of the remainder 10 died within twenty-four hours of birth and 168 survived twenty-eight days.

Of the 54 born in Private Nursing Homes, 53 survived twenty-eight days. Three were transferred to hospital on or before the twenty-eighth day.

The Council's Home Help Scheme is available for premature infants, provided the need is certified by the Doctor attending the case.

The Council has agreed to the provision of certain equipment for the domiciliary nursing of premature infants. No charge will be made for the loan of the equipment but if it is damaged, other than that which can be accounted for by fair wear and tear, the actual cost of repair or replacement will have to be paid.

The equipment will be issued in units and each unit will comprise the following articles :—

1. One Cot Set consisting of (*a*) One Cot, (*b*) Two Cot Ends, (*c*) Four Rails, (*d*) Four Lining Rods, (*e*) One Tray, (*f*) One Box, (*g*) One Key.
2. Two Cot Linings.
3. One Cot Mattress.
4. Four Cot Blankets.
5. One Feeding Bottle.
6. One Mucus Catheter.
7. Two Hot Water Bottles.
8. One Hot Water Bottle Cover.
9. One Mackintosh Sheet.
10. One Thermometer.
11. One Set of Premature Infant Clothing comprising (*a*) Two Vests, (*b*) One Gown without hood, (*c*) Two Gowns with hood.

In the event of a Unit being required for a patient under the care of a doctor or midwife, the following should be approached as appropriate :—

Northern part of the County excluding the Borough of Chesterfield.

	Telephone Nos.
Miss M. Blackbird, Supervisor of Midwives, County Clinic, Brimington Road, Chesterfield.	Day—Chesterfield 2773. Night—Chesterfield 6288.

Chesterfield Borough only.

Mrs. S. M. Street,
Supervisor of Midwives,
Town Hall, Chesterfield.

Day—Chesterfield 3232, Ext. 256.
Night—Ashover 284.

Southern part of the County.

Miss M. C. Jackson,
Supervisor of Midwives,
County Offices,
St. Mary's Gate, Derby.

Day—Derby 47131, Ext. 112.
Night—Duffield 2101.

Supply of Dried Milks, etc.

The County Council has for many years supplied Dried Milks and certain proprietory preparations at Infant Welfare Centres and Ante-Natal Clinics at cost price. At Ante-Natal Clinics simple preparations of iron in tablet form (Tab. Ferri Sulphatis Co.) and also of calcium with vitamins (Tab. Calciferol Co.) are prescribed at Ante-Natal Clinics by the Clinic Medical Officers in suitable cases. The range of preparations sold varied in different parts of the County, and during 1953 an enquiry was started whereby the opinions were sought of all the Maternity and Child Welfare Medical Officers and the Health Visitors, as to what should constitute a restricted list of preparations which could be supplied at all County Clinics. Meetings were also held with Health Visitors and Doctors, and as a result a list of preparations was selected which produced the greatest measure of agreement, not only amongst the Health Visitors but also the Medical staff. The List was as follows :—

Virol.
Virolax.
Maltoline with Iron.
Cod Liver Oil Emulsion with Hypophosphites.
Colact.
Rose Hip Syrup.
Adexolin in Liquid Form.

This list was put into operation at the beginning of 1954.

WELFARE FOODS SERVICE.

The uptake of Vitamin Products was well maintained during 1955. Issues of Cod Liver Oil remained at about the same level, while those of Vitamin A & D Tablets and Orange Juice both showed an increase of approximately 12½% over the previous year. Demand for Cod Liver Oil was greatest during the winter months, and Orange Juice issues showed the usual seasonal rise in the summer. Sales of National Dried Milk remained consistent over the year. The figures of Welfare Foods issued in the County area during the year ended 31st December, 1955 are as follows :—

	National Dried Milk	*Cod Liver Oil*	*Vitamin A & D Tablets*	*Orange Juice*
	Tins	*Bottles*	*Packets*	*Bottles*
Issued against coupons—				
(*a*) By stamps	359,766	—	—	368,883
(*b*) Free	3,733	79,886	31,964	4,291
Issued to—				
N.H.S. Hospitals ..	1,319	9	6	1,012
Day Nurseries	107	598	—	1,368
Issued at full price ..	646	—	—	—
Totals ..	365,571	80,493	31,970	375,554

A few changes were made in connection with distribution points. The voluntary centres at Foston and Holmesfield were discontinued from 31st August, 1955 and 30th April, 1955 respectively, as demand at both places was negligible ; and in each case alternative facilities were available in the neighbourhood.

On the other hand, in response to requests from mothers of young children, arrangements were made for Welfare Foods to be obtained from the Infant Welfare Clinics at Cotmanhay, Heage and New Bolsover. Voluntary distribution centres were also opened at Holloway, Great Longstone and Netherseal.

With the two exceptions given above, all existing distribution centres continued to function. The following table shows the proportion of foods issued at each type of centre :—

Type of Centre	*Number of Centres*	*Proportion of Total Issues of Welfare Foods*
Main Centres in County Clinics	11	34.7%
Other Main Centres ..	6	27.6%
Subsidiary Centres at Infant Welfare Clinics	58	22.2%
Other Subsidiary Centres ..	69	15.5%
Total ..	144	100%

Details of the Distribution Centres are set out below :—

ALFRETON

4, Church Strect, Alfreton ..	Monday to Friday, 9.15 a.m. to 12.45 p.m., 2 p.m. to 5 p.m. Saturdays, 9 a.m. to 12 noon.
Mission Room, Ironville	4th Friday, 3.30 p.m. to 4.30 p.m.
Church Hall, Newton	2nd and 4th Thursday, 2 p.m. to 4 p.m.
Slade Lane Chapel, Pinxton ..	Tuesday, 2 p.m. to 4 p.m.
1, Victoria Street, South Normanton	Alternate Tuesdays, 2.30 p.m. to 4 p.m.
Social Service Centre, Swanwick ..	4th Thursday, 2 p.m. to 4 p.m.
Church Hall, Tibshelf	1st and 3rd Thursday, 2 p.m. to 4 p.m.

ASHBOURNE

4, Town Hall Yard, Ashbourne ..	Monday to Friday, 9.15 a.m. to 12.45 p.m., 2 p.m. to 5 p.m. Saturday, 9 a.m. to 12 noon.
CLINIC, St. John's Street, Ashbourne	Wednesday, 2 p.m. to 4 p.m.
Rose Bank, Kirk Ireton	Anytime.
School House, Kniveton	Anytime.
School House, Parwich	Anytime.
Post Office, Yeaveley	Shop Hours.

BAKEWELL

Town Hall, Bakewell	Monday, 9.15 a.m. to 12.45 p.m., 2 p.m. to 5 p.m. Saturday, 9 a.m. to 12 noon.
CLINIC, Town Hall, Bakewell ..	1st and 3rd Wednesday, 1.30 p.m. to 4 p.m.
Abney House, Baslow	1st Wednesday, 2 p.m. to 4 p.m.
Memorial Hall, Bradwell ..	1st and 3rd Tuesday, 2 p.m. to 4 p.m.
Methodist Chapel, Calver	1st Wednesday, 3 p.m. to 4 p.m.
Wm. Deacon's Bank, The Square, Eyam	2nd and 4th Thursday, 1.30 p.m. to 3.30 p.m.
The Vicarage, Great Longstone ..	2nd and 4th Wednesday, all day.
Kenwood House, Grindleford ..	1st and 3rd Thursday, 1.30 p.m. to 3.30 p.m.
Methodist Chapel, Hathersage ..	1st and 3rd Thurdsay, 1.30 p.m. to 3.30 p.m.
Lathkill Cottage, Over Haddon ..	Alternate Thursdays, 1.30 p.m. to 3.30 p.m.
Wesleyan Schoolroom, Tideswell ..	2nd and 4th Tuesday, 1.30 p.m. to 3.30 p.m.
General Stores, Main Street, Winster	Shop hours.
Village Hall, Youlgreave	1st and 3rd Tuesday, 1.30 p.m. to 3.30 p.m.

BELPER

COUNTY CLINIC, Field Lane, Belper	Monday to Friday, 9.15 a.m. to 12.45 p.m., 2 p.m. to 5 p.m. Saturday, 9 a.m. to 12 noon. (except 2nd and 4th Wednesday afternoons).
British Legion Club, Allestree ..	Tuesday, 2.30 p.m. to 4.30 p.m.
Tor Cafe, Crich	Shop hours.
1, Milford Road, Duffield ..	Tuesday, 2.30 p.m. to 5 p.m.
Church School, Heage	2nd and 4th Wednesday, 2 p.m. to 4 p.m.
35, Highfield Road, Kilburn ..	Shop Hours.
The Bridge Stores	Shop Hours.
Woodland View Cafe, Whatstandwell	Alternate Wednesdays, 2 p.m. to 4 p.m.

BOLSOVER

COUNTY CLINIC, Welbeck Road, Bolsover	Monday and Thursday, 9.15 a.m. to 12 noon. Tuesday and Friday, 9.15 a.m. to 12.45 p.m., 2 p.m. to 5 p.m. Saturday, 9 a.m. to 12 noon.
COUNTY CLINIC, Creswell Road, Clowne	Tuesday, 2 p.m. to 4 p.m.
Methodist Chapel, Creswell ..	Alternate Wednesday, 2.30 p.m. to 3.45 p.m.
Young Vanish Inn, Glapwell ..	Alternate Tuesdays, 3.30 p.m. to 4.30 p.m.
Langwith Road Chapel, Hillstown..	Wednesday, 2 p.m. to 4 p.m.
St. John's Ambulance Hall, Langwith	Monday, 2 p.m. to 3 p.m.
Mission Room, Langwith Junction..	Monday, 3.30 p.m. to 4 p.m.
Colliery Schools, New Bolsover ..	2nd and 4th Thursday, 2 p.m. to 4 p.m.
Crompton Street Chapel, New Houghton	1st and 3rd Thursday, 2 p.m. to 4 p.m.
"Westmoreland," Patterton ..	Alternate Wednesdays, 3 p.m. to 4 p.m.
Elm Tree Inn, Scarcliffe	1st and 3rd Tuesday, 2 p.m. to 4 p.m.
County Clinic, Cliff House, Church Lane, Shirebrook	Wednesday, 10 a.m. to 12 noon, 2 p.m. to 4 p.m.
Parish Hall, Whitwell	2nd and 4th Thursday, 2 p.m. to 4 p.m.

BUXTON	
18/20 High Street, Buxton.. ..	Monday to Friday, 9.15 a.m. to 12.45 p.m., 2 p.m. to 5 p.m. Saturday, 9 a.m. to 12 noon.
Mr. A. F. Hancock, Bamford ..	Shop hours.
Mr. W. M. Howe, Bamford ..	Shop hours.
Infant Welfare Centre, Buxton ..	Monday, 2 p.m. to 4 p.m.
Mr. A. F. Hancock, Castleton ..	Shop hours.
Mr. A. F. Hancock, Hope	Shop hours.
CHAPEL-EN-LE-FRITH	
Schools Canteen, Eccles Road, Chapel-en-le-Frith	Wednesday and Friday, 9.15 a.m. to 12.45 p.m., 2 p.m. to 5 p.m.
Welfare Centre, Lower Lane, Chinley	1st and 3rd Wednesday, 2 p.m. to 4 p.m.
CHESTERFIELD	
Divisional Welfare Office, Newbold Road, Chesterfield	Monday to Friday, 9.15 a.m. to 12.45 p.m., 2 p.m. to 5 p.m. Saturday, 9 a.m. to 12 noon.
Women's Institute, Ashover ..	2nd and 4th Friday, 2 p.m. to 3.45 p.m.
Trinity Chapel Schoolroom, Brimington	Thursday, 2 p.m. to 4 p.m.
Congregational Chapel, Calow ..	2nd and 4th Mondays, 2 p.m. to 4 p.m.
Mission Hut, Doe Lea	Alternate Thursdays, 3 p.m. to 4.15 p.m.
COUNTY CLINIC, The Grange, Dronfield	Monday, 2 p.m. to 4 p.m.; also 2nd and 4th Monday, 9.30 a.m. to 12 noon.
76 Carr Lane, Dronfield Woodhouse	Alternate Tuesdays, 2 p.m. to 4 p.m.
Methodist Chapel, Grassmoor ..	Alternate Wednesdays, 2.30 p.m. to 4 p.m.
Mission Church, Holmewood ..	Alternate Wednesdays, 2 p.m. to 4 p.m.
Village Hall, Holymoorside.. ..	4th Tuesday, 2 p.m. to 4 p.m.
Welfare Foods Van, Tennyson Way, Mickley	Alternate Mondays, 2 p.m. to 2.45 p.m.
Miners' Welfare Institute, North Wingfield	1st, 3rd and 5th Thursday, 2 p.m. to 4 p.m.
CLINIC, Rupert Street, Pilsley ..	2nd and 4th Thursday, 2.30 p.m. to 4 p.m.
Zion Methodist Chapel, Stonebroom	Alternate Mondays, 3 p.m. to 4 p.m.
Methodist Chapel Schoolroom, Unstone	3rd Tuesday, 2 p.m. to 4 p.m.
CHESTERFIELD BOROUGH	
Town Hall, Chesterfield	Monday to Friday, 9.15 a.m. to 12.45 p.m., 2 p.m. to 5 p.m. Saturday, 9 a.m. to 12 noon.
CLINIC, Edmund Street, Whittington Moor, Chesterfield	Mondays and Wednesdays, 2 p.m. to 4.30 p.m.
Village Hall, Hasland Park, Chesterfield	Tuesday, 2 p.m. to 4 p.m.
CLINIC, Jawbones Hill, Derby Road, Chesterfield	Monday, 2 p.m. to 4.30 p.m.
CLINIC, Wellington Street, New Whittington, Chesterfield ..	Tuesday, 2 p.m. to 4.30 p.m.
Gospel Mission, Old Road, Brampton	Thursday, 2 p.m. to 4 p.m.
CLAY CROSS	
COUNTY CLINIC, High Street, Clay Cross	Tuesday and Thursday, 9.15 a.m. to 12.45 p.m. 2 p.m. to 5 p.m. Saturday, 9 a.m. to 12 noon.
DERBY	
3 Bold Lane, Derby	Monday to Friday, 9.15 a.m. to 5 p.m. Saturday, 9 a.m. to 12 noon.
Nunsfield House, Boulton Lane, Alvaston	Thursday, 10 a.m. to 12 noon, 2 p.m. to 4 p.m.
Memorial Hall, Aston-on-Trent ..	1st and 3rd Tuesday, 2 p.m. to 4 p.m.
Womens' Institute, Victoria Avenue, Borrowash	1st and 3rd Monday, 2 p.m. to 4 p.m.

Old Hall, Breadsall	1st and 3rd Tuesday, 3 p.m. to 4.30 p.m.
Church of Christ, Reginald Road South, Chaddesden	Wednesday, 10 a.m. to 12 noon, 2 p.m. to 4 p.m.
Methodist Chapel, High Street, Chellaston	2nd and 4th Tuesday, 2 p.m. to 4 p.m.
New Church Hall, Draycott ..	2nd and 4th Wednesday, 2 p.m. to 4 p.m.
Co-operative Guild Room, Little Eaton	2nd and 4th Monday, 2 p.m. to 4 p.m.
Parish Hall, Park Lane, Littleover..	Monday, 2 p.m. to 4 p.m.
The Bungalow, Penn Lane, Melbourne	Wednesday, 1.30 p.m. to 4.30 p.m.
Methodist Church, Station Road, Mickleover	2nd and 4th Thursdays, 2 p.m. to 4 p.m.
St. Stephen's Hall, Sinfin Lane, Sinfin	2nd and 4th Mondays, 2 p.m. to 4 p.m.
Methodist Church, Lodge Lane, Spondon	Friday, 10 a.m. to 12 noon, 2 p.m. to 4 p.m.
The Rectory, Stanton-by-Bridge ..	Wednesday, 2.30 p.m. to 5 p.m.
GLOSSOP	
Municipal Buildings, Glossop ..	Monday to Friday, 9.15 a.m. to 12.45 p.m., 2 p.m. to 5 p.m. Saturday, 9 a.m. to 12 noon.
Marple Road, Charlesworth ..	Shop hours.
The Library, Hadfield	Alternate Wednesdays, 2.30 p.m. to 4 p.m.
Methodist Schoolroom, Hayfield ..	1st and 3rd Tuesday, 2 p.m. to 4 p.m.
HEANOR	
COUNTY CLINIC, Wilmot Street, Heanor	Monday to Friday, 9.15 a.m. to 12.45 p.m., 2 p.m. to 5 p.m.
Post Office Stores, Derby Road, Denby	Shop hours.
Main Road Stores, Smalley.. ..	Tuesday, 2 p.m. to 4 p.m.,
ILKESTON	
COUNTY CLINIC, Albert Street, Ilkeston	Monday to Friday, 9.15 a.m. to 12.45 p.m., 2 p.m. to 5 p.m. (except Thursday afternoon) Saturday, 9 a.m. to 12 noon.
United Methodist School, Wesley Street, Cotmanhay	2nd and 4th Thursday, 2 p.m. to 4 p.m.
Memorial Institute, Station Road, West Hallam	1st and 3rd Thursday, 2 p.m. to 4 p.m.
LONG EATON	
COUNTY CLINIC, Nottingham Road, Long Eaton	Monday, 9.15 a.m. to 12.15 p.m. Tuesday to Friday, 9.15 a.m. to 12.45 p.m., 2 p.m. to 5 p.m. Saturday, 9 a.m. to 12 noon.
Memorial Institute, Sandiacre ..	Monday, 2 p.m. to 4 p.m.
St. Andrews Church Hall, Sawley..	Thursday, 2.30 p.m. to 4 p.m.
MATLOCK	
COUNTY CLINIC, Dean Hill House, Causeway Lane, Matlock	Tuesday to Friday, 9.15 a.m. to 12.45 p.m., 2 p.m. to 5 p.m.
3 Ember Lane, Bonsall	Anytime.
Mr. Carter, Chemist, Market Street, Cromford	Shop hours.
Sub-Post Office, Darley Bridge ..	Shop hours.
Sub-Post Office, Darley Dale ..	Monday to Friday, shop hours. No Saturday sales.
General Stores, North Holloway Road, Holloway	Shop hours.
Spa Medical Stores, North Parade, Matlock Bath	Tuesday, 9 a.m. to 6 p.m.

Southam's General Store, The Green, Middleton-by-Wirksworth ..	Shop hours.
St. John's Comfort Centre, Church Lane, Rowsley	Alternate Wednesdays, 2 p.m. to 4 p.m.
The Korna Stores, Tansley ..	Shop hours.
Sub-Post Office, Wensley	Shop hours.
Town Hall, Wirksworth	Tuesday, 2 p.m. to 4 p.m.

NEW MILLS

COUNTY CLINIC, High Lea Hall, New Mills	Monday and Thursday, 9.15 a.m. to 12.45 p.m., 2 p.m. to 5 p.m.
Babyland, 47 Market Street, New Mills	Shop hours.

RIPLEY

Shirley House, Shirley Road, Ripley	Monday to Friday, 9.15 a.m. to 12.45 p.m., 2 p.m. to 5 p.m. Saturday, 9 a.m. to 12 noon.
Methodist Church, Ambergate ..	1st and 3rd Monday, 2.30 p.m. to 4 p.m.

STAVELEY

COUNTY CLINIC, Lime Avenue, Staveley	Tuesday and Thursday, 9.15 a.m. to 12.45 p.m. 2 p.m. to 5 p.m. Wednesday and Saturday, 9 a.m. to 12 noon.
Ebenezer Chapel, Barrow Hill ..	1st, 3rd and 5th Wednesday, 2.15 p.m. to 4 p.m.
Church Schoolroom, Beighton ..	Alternate Mondays, 2 p.m. to 4 p.m.
Memorial Chapel, Eckington ..	Alternate Mondays, 2 p.m. to 4 p.m.
COUNTY CLINIC, Fox Lane, Frecheville	Friday, 2 p.m. to 4 p.m., also 2nd and 4th Wednesdays, 2.30 p.m. to 4 p.m.
Primitive Methodist Chapel, Killamarsh	Alternate Tuesdays, 2 p.m. to 4 p.m.
Community Hut, Mosborough ..	Alternate Mondays, 11 a.m. to 12 noon.
Memorial Hall, Ridgeway	Alternate Fridays, 2.30 p.m. to 3.30 p.m.

SWADLINCOTE

COUNTY CLINIC, Alexandra Road, Swadlincote	Monday to Friday, 9.15 a.m. to 12.45 p.m., 2 p.m. to 5 p.m. (except Wednesday). Wednesday, 9.15 a.m. to 11.30 a.m. Saturday, 9 a.m. to 12 noon.
The Schools, Bretby	Alternate Wednesdays, 3 p.m. to 4 p.m.
General Stores, Linton Road, Castle Gresley	Shop hours.
Parish Room, Etwall	Wednesday, 2.30 p.m. to 4.30 p.m.
Avenue Stores, Gosley Estate, Hartshorne	Shop hours.
General Stores, Main Street, Hartshorne	Shop hours.
Public Hall, Scropton Road, Hatton	Wednesday, 2 p.m. to 4 p.m.
Main Street, Hilton	Wednesday, 2 p.m. to 5 p.m.
Church Farm, Netherseal ..	Anytime.
Methodist Chapel, Woodville Road, Overseal	1st and 3rd Friday, 2 p.m. to 4 p.m.
The Village Hall, Repton	2nd and 4th Tuesday, 2 p.m. to 4 p.m.
Parish Room, Rosliston	Alternate Wednesdays, 1.30 p.m. to 3.30 p.m.
Post Office, Walton-on-Trent ..	Shop hours.
General Stores, 68 Swadlincote Road, Woodville	Monday to Friday, shop hours.

WHALEY BRIDGE

Mechanics Institute, Whaley Bridge	Tuesday, 9.15 a.m. to 12.45 p.m., 2 p.m. to 5 p.m. Saturday, 9 a.m. to 12 noon.

DENTAL CARE.

The arrangements for dental care of expectant mothers have remained substantially unchanged from previous years. The scheme for expectant and nursing mothers and pre-school children is set out in the following paragraphs together with a report from the Chief Dental Officer.

At the first attendance at an Ante-Natal Clinic expectant mothers are informed that they may receive a dental examination and free dental treatment by a Dental Officer on the Council's Staff at the nearest dental clinic where facilities are available. Owing to the great shortage of Dental Officers these facilities are necessarily restricted in certain areas in the County. In these areas expectant mothers are asked to attend other dentists of their own choice.

As part of the County Council's arrangements dentures are provided, replaced or repaired, free of charge. The Authority may, however, recover the cost of replacement or repair of any dental appliance supplied as part of the Authority's dental service, if it is determined that the replacement or repair is necessitated by lack of care on the part of the person supplied. Pre-school children attending Infant Welfare Centres are referred to the Dental Officer by the Maternity and Child Welfare Medical Officer if dental treatment is thought to be necessary.

Mr. Gray, the Chief Dental Officer, has provided the following report :—

Dental Care of Expectant and Nursing Mothers and Pre-School Children, 1955.

Expectant and Nursing Mothers.

1955 was another year of acute staff shortage. The total staff for the County dental services was the equivalent of 5.1/11th whole-time officers. This was far from enough to provide for the needs of the school children and consequently the scheme of inspection and treatment for expectant and nursing mothers could not be fully implemented. The number treated was very small.

Pre-School Children.

An appreciable number of pre-school children received attention. Over 700 were examined and over 600 treated. Most of these children were brought to the clinics for the relief of pain. Others attended as the result of advice given by the staff of the Infant Welfare Centres and by Health Visitors in the course of home visits. A few were treated as the results of routine inspections carried out at Day Nurseries and Children's Homes. Treatment was chiefly by extraction. Silver nitrate dressings were applied in suitable cases in attempts to prolong the usefulness of teeth already partly decayed.

The following table shows the work done for expectant and nursing mothers and pre-school children.

	Expectant and Nursing mothers	*Pre-School Children*
Number examined	20	741
Needing treatment	20	683
Attendances	44	1,020
Treated	14	653
Made dentally fit	11	199
Fillings	10	33
Extractions	26	1,237
General anaesthetic	6	432
Silver nitrate treatment	—	294
Dressings	—	74
Scalings and Gum treatments ..	4	5
Crowns or inlays	—	—
Radiographs	—	—
Full upper or lower dentures ..	2	—
Partial upper or lower dentures..	1	—

Agreement or permission for a general anaesthetic was always obtained and the patient was examined prior to treatment by the Medical Officer who acted as anaesthetist. In the case of expectant and nursing mothers, the Maternity and Child Welfare Medical Officer notified the Dental Officer as to whether the patient should have a local or general anaesthetic where extractions were necessary. The construction of dentures was carried out under contract with a private dental technician.

ILLEGITIMATE CHILDREN — YEAR 1955.

The following table shows the way illegitimate children were cared for in the County during the year under review :—

TABLE XV.

1. The number of illegitimate births known to the Welfare Authority for the period 1/1/55 to 31/12/55 131
   Number of unmarried mothers 128
   Number of Widows 1

2. The number in which the mother and Child :—
   (*a*) Returned to live with mother's parents (of these three attended a Day Nursery in the County) .. 48
   (*b*) Returned to live with other relatives 5
   (*c*) Found or were helped to find lodgings where they could live together 26
   (Of these, four were accommodated in Newholme, Bakewell (Part III accommodation), and eight in Borrowash House Mother and Baby Home).
   (*d*) The number of mothers living in a house of her own 1
   (This mother had twin babies and had the service of a Home help under the Derbyshire Home Help Scheme for four months).

(*e*) Had to separate, the child going to a Children's Home 3

(*f*) Had to separate, the child going to the care of a Foster Mother 2

3. The number of illegitimate children who had been or were being legally adopted 35

4. The number of mothers who have married since the birth of the child 4

5. The number of mothers who, with their babies, are living with the Father of the child, though not married to him 4

6. The number of illegitimate children who have died during the year 1
(This child died whilst still in Hospital).

During the year 27 unmarried mothers included in the total of 129 were accommodated in Vernon Street Home, Derby, which is conducted by the Derby Diocesan Council for Moral Welfare. The County Council has an arrangement for the admission of unmarried mothers to this Home, the mothers usually being resident for a month before the birth of the child. They are then transferred to one of the Maternity Homes for their confinements, and where necessary return to the Home usually for a further two months, making a total stay of approximately three months. 36 mothers who could not be accommodated in Vernon Street went to Homes outside the County.

From April, 1948, to May, 1950, this service was free, but in May, 1950, the County Health Committee resolved that the Home should be requested to collect the sum of £1 1s. 0d. per week from each girl accommodated wherever possible, in view of the fact that she will be in receipt of benefits from National Insurance or the National Assistance Board. As Benefits from the National Insurance and the National Assistance Board were increased to 40/- per week in April 1955, the amount collected from each girl was increased to 32/6d. per week, thus leaving her with 7/6d. "pocket money" per week.

REPORTS RECEIVED FROM MATERNITY AND CHILD WELFARE MEDICAL OFFICERS.

Reports from the Assistant Maternity and Child Welfare Medical Officers were included in this part of the Annual Report for the first time in 1952. This year again I wrote to the Maternity and Child Welfare Medical Officers in the following terms :—

"As in previous years I am asking Maternity and Child Welfare Medical Officers on the Staff of my Department to submit reports on their work during the past year.

Medical Officers should report on the whole field of their work, including the following subjects :—

(1) General health and nutrition of the children, including the level of Mothercraft observed among the Mothers attending Infant Welfare Centres in the area.

(2) Cleanliness and communicable diseases.
(3) The Diphtheria Immunisation Scheme.
(4) The role of the Medical Officer and Health Visitor in Health Education at Ante-Natal Clinics or Infant Welfare Centres.
(5) Methods used at Ante-Natal Clinics to follow up non-attenders and the measure of success obtained by these methods.
(6) The integration of clinic services with other aspects of the wider Health Service.

Apart from the above, special comment on aspects in which Medical Officers are particularly interested would be welcomed. The following are examples :—

(*a*) Observations on the premature baby.
(*b*) The incidence of breast feeding.
(*c*) The early detection of special physical defects—blindness, aphasia, deafness, epilepsy, etc.
(*d*) The early detection of mental defects.
(*e*) Minor orthopaedic defects, e.g., flat feet, knock knee, etc., in the two to five age group.
(*f*) The incidence of different diseases in different parts of the area, examples are Bronchitis and Gastro-intestinal conditions.
(*g*) Problem families and evidence of child neglect.
(*h*) Accidents at play and in the home.
(*i*) In the case of Ante-Natal Clinics, observations on relaxation and post-natal exercises where these have been advised.

It will be helpful if your report is written in a form suitable for inclusion in my Annual Report, and I should like to receive it not later than the 16th June, 1956."

DR. D. M. JACKSON.

"The infants and young children attending the Welfare Centres are, with very few exceptions, healthy, well-nourished and well-cared for. Faults in mothercraft are mainly those of over-anxiety, which may lead to an excess of zeal in carrying out the recommendations of the experts.

In particular, I have, in consultation with some of the Health Visitors, found a number of slightly underweight toddlers who are being given diluted Orange or Blackcurrant juice to drink with and between all their meals. Having had anything up to one and a half pints of flavoured water to drink in the day, they have neither the room nor inclination for milk, finding it a very uninteresting beverage they soon come to refuse it altogether.

Another surprisingly frequent misunderstanding of modern teaching creeps in when the baby has become accustomed to a variety of solid food and the mother quite rightly changes the meal times to those of the rest of the family. Then instead of giving a drink of milk with or near the meal, it may be elicited by careful enquiry, that for the first time in his life the child is on regular two hourly feeds, having an eight ounce bottle of milk at 6, 10, 2 and 6,

and solid meals at 8, 12, and 4. The mother then wonders why he becomes faddy and difficult over his food.

Co-operation between the Public Health and Hospital Ante-Natal Clinics has, in my area, improved considerably in the past year, and I very much appreciate the continued attendance of hospital patients at the local clinic, so avoiding frequent long journeys in late pregnancy and the anxiety and difficulty experienced by mothers who already have several children to be looked after in their absence.

The routine follow-up of non-attenders at Ante-Natal Clinics is, I think, adequate, since attendance is voluntary and most of the patients fully appreciate the importance and value of the service.

At the end of each session, the cards of all absentees are collected and the probabilities assessed in each case.

Delivery at the expected date is assumed where no abnormality has been found or anticipated. In early pregnancy the name of the patient is transferred to the list for the next clinic and if she does not report then a card is sent giving her a further appointment If she still does not attend, it may reasonably be assumed that she has made other arrangements provided that her history is normal and there are no special circumstances to warrant a visit by the Health Visitor or the local Midwife.

Non-attendance in late pregnancy is followed up more promptly. Nursing Home and Hospital cases may be visited by the Health Visitor and where home confinement has been arranged, the Midwife may be contacted instead. In either case, it has sometimes been thought advisable to notify the patient's own Doctor that she is in need of ante-natal care and has not attended the Clinic.

With regard to post-natal exercises, I have been much impressed by the results in one particular condition. When a misplacement is detected at the post-natal examination, this is rectified by manipulation and the patient instructed in the appropriate exercise. It has not been necessary to refer any patient subsequently to hospital for further treatment within the last year, and I have seen several mothers who have returned for ante-natal care in subsequent pregnancies, showing that there, at any rate, the treatment was eminently successful."

DR. M. A. PRETORIUS.

"There are very few children today suffering from mal-nutrition, with most of the cases of improper feeding amongst the toddlers. Mothers seem to find it difficult to cater for the age where they are too old for baby food, and yet not ready for an adult menu.

The standard of general health is very good, with the exception that children of all ages are not getting enough sleep.

Cleanliness is of a high standard and the incidence of communicable disease is low.

During the past year the number of diphtheria immunisations at clinics in this area has dropped markedly. This is directly due to the fact that the mothers ask for the combined whooping-cough

and diphtheria immunisation. Because this is not available at the clinics, the mothers are referred to their own Doctors.

It has never been our practice to hold special sessions for health education but a continual effort is made to impart the idea of positive health. Every opportunity for instruction is seized upon in the course of general consultation. The Health Visitors often design instructive and pleasant posters and displays to stress the basic factors necessary for a state of health in mind and body.

On the whole the problem of non-attenders at Ante-Natal Clinics is a very small one. After each clinic the names are checked. Those known to the Midwife on duty and especially her booked patients, will receive a visit from her. Often she already has the information why a patient has been unable to attend on that day. The rest receive either a visit or a letter from the Health Visitor to find out why they have not attended. The greatest percentage of non-attenders are those patients who have attended once to apply for hospital accommodation and then feel reluctant to attend our clinic again "as they have to attend the hospital clinic later."

The Hospital Maternity Service in this area has been reorganised, so that all expectant mothers are now notified by the 24th week whether there is a bed available or not. I still think that mothers from outlying districts should be given the opportunity to visit their own clinics a little longer instead of travelling long distances at great inconvenience and expense, to the hospital clinic.

During the last year Ashgate Maternity Home has been opened as a general practitioners home, and this scheme seems to be very popular with the patients.

The number of post-natal visits at our clinics is still very small, in spite of repeated advice and propaganda at the ante-natal clinics. Those who do attend find great benefit by doing their post-natal exercises.

The absence of a County Dentist at most of our clinics is regrettable. It would be a great advantage to be able to refer patients directly to our own dentist instead of relying on the patient to contact a dentist."

DR. C. M. WHITE.

"*Ante-Natal Clinics.*

The number of patients seen at the various Ante-Natal Clinics now seems to be fairly stable, and it is noticeable that more patients are seeking home confinement. Attendance at subsequent sessions is very good on the whole and if patients fail to keep their appointments they are written to, in an effort to keep a check on them. Abnormal cases are referred to the Consultant for advice. Rhesus samples are taken on all domiciliary cases and occasionally private practitioners send patients for blood test only.

It is unfortunate that no dental treatment is available for expectant mothers at so many of the clinics.

As Ashgate is now a General Practitioner home, a patient wishing to obtain a bed there brings a form from her own doctor

and this is forwarded to the County Offices together with the usual form for maternity accommodation, after which the patient returns to her doctor for ante-natal care.

Patients booked for Scarsdale are usually seen until about the sixth month when they are transferred, having been given an Ante-Natal record card. This is completed with details of labour and puerperium by the Hospital and duly returned to the clinic, thus enabling a complete record of ante-natal care and labour to be kept.

Infant Welfare Centres.

All the infants attending the welfare centres appear well nourished and well cared for. Unfortunately it is a fact those mothers who would most benefit from advice and supervision do not attend, or if they do, are unco-operative.

Diphtheria immunisation figures at clinics have fallen considerably, and in some it has practically ceased. This is due to the fact that mothers are much more aware of whooping cough than diphtheria and insist on the combined immunisation. They attend their family doctor for this and it appears that nearly all infants are immunised before reaching one year. Vaccination is not very popular and every effort is made to impress its vital importance upon mothers."

DR. J. PERSEY.

"During December 1955, I attended at six Ante-Natal Clinics and at twelve Infant Welfare Centres.

"I was favourably impressed by the standard of Mothercraft shown at most of the Infant Welfare Centres where the health, nutrition, and cleanliness of the children were generally very good, and contagious diseases were nil.

Re Diphtheria Immunisation, I found that most mothers asked to have their babies immunised against whooping-cough as well, and have had to be referred to their general practitioners. Although a large number of babies are immunised by their own doctors, I feel that some "slip through the net" and that this could be prevented if the combined Diphtheria-Pertussis immunisation could be offered at the Infant Welfare Centre.

I found that Health Education could be offered individually to mothers at Ante-Natal and Infant Welfare Clinics where these were conducted on County Council premises or on rented premises where there is a separate room for the Medical Officer. I attended several outlying centres where Health Education was impossible owing to unsuitable conditions.

Non-attenders at Ante-natal Clinics have been sent a letter with a fresh appointment, or else been visited by the Health Visitor. General Practitioners in the Ashbourne and Swadlincote areas appear keen to carry out their own ante-natal examinations with consequent loss of attendance at the Ante-natal Clinics.

NURSERY PROVISION FOR CHILDREN UNDER FIVE

The Authority's five Day Nurseries at Chaddesden, Glossop, Ilkeston and Long Eaton, continued to operate satisfactorily and no major changes took place.

Provision of New Nurseries.

The only development which took place during the year with regard to the provision of new nurseries was, that in May it was reported to the Committee that the Ministry of Health had stated that the number of priority cases at present on the register of the existing Day Nursery at Glossop would not justify the building of a new replacement nursery. It was decided, however, that the Minister be asked to reconsider his decision and that the Education Committee be requested to support this approach, in view of the fact that Whitfield School, at present used as a Day Nursery, was required for educational purposes. Following this, an interview was held on 22nd June, 1955 with the Ministry, but the Minister decided to adhere to his decision not to agree to the erection of a day nursery at Glossop. In these circumstances, the Committee agreed to purchase an area of land a little over an acre in extent, under Section 8 of the Derbyshire County Council Act, 1954, in case it might be required at some future date.

Student Training.

During the year under review, nine students from the County Day Nurseries completed a two-year course of training and eight were successful in gaining the Certificate of the National Nursery Examinations Board.

The students received courses of Further Education, and attended a training centre for this purpose on two days per week. While in the Nursery, they are, of course, continuously under expert supervision and receive practical training while taking part in the daily life of the Nursery. For this reason, the Ministry of Health have laid down that students in training shall not rank as full members of the staff, but three student places shall be regarded as equivalent to one full-time member. Students from Chaddesden Day Nursery attend a course of Further Education at Derby, while those from Glossop attend a course at the Training Centre in Southall Street, Manchester. Arrangements have been made for the Ilkeston and Long Eaton Students to attend the Nursery Training Centre in Nottingham.

Charges to Parents.

It was decided at the end of 1952, that an increased charge should be made for children in Day Nurseries. As from 1st February, 1953, it was decided to increase the standard charge to 5/- per day. Provision was made for application in cases of hardship or where more than one child of a family attends a Nursery, for a reduction in the assessed charge, with a proviso in both instances, however, that the minimum charge was to be not less than three shillings per day per child.

The scale decided by the Committee was as follows :—

	Net weekly earnings						*Charge per day.*	
	£	s.	d.		£	s. d.	s.	d.
Not exceeding					6	10 0	3	0
	6	10	1	to	7	0 0	3	6
	7	0	1	to	7	10 0	4	0
	7	10	1	to	8	0 0	4	6
exceeding					8	0 0	5	0

("Net earnings" to be defined as the amount actually drawn in wages, i.e. gross wages less national health insurance, income tax and superannuation. Deductions such as meals, holiday club and savings to be added back.

Where the "net earnings" are less than £9 per week, the charge for a second child to be one shilling per day less than the assessed charge for the first, subject to three shillings per day minimum for each child).

A report was submitted to the County Health Committee in July, 1953, when it was resolved that the increased charges should be continued and that the Chairman and Vice-Chairman be authorised to deal with any case of hardship.

Medical and Dental Inspection.

The children attending Day Nurseries are examined at regular intervals by one of the Authority's Medical Officers. Each child, on being admitted to the Nursery, is medically examined at the next visit of inspection and thereafter at approximately six-monthly intervals. In addition, the Medical Officer sees any children with minor ailments, these being dealt with in the appropriate manner. Orthopaedic defects often come to light when children are attending Day Nurseries, and through the General Practitioners and Orthopaedic Clinics in the different areas it is gratifying to see that these are discovered early and remedied during the child's stay in the Nursery. Medical reports have been uniformly satisfactory. Special visits are also made in the case of infectious disease, and in addition, visits of inspection are also carried out from time to time by Medical members of the Central Office staff and by the Superintendent Health Visitor.

Dental inspections are carried out by the Chief Dental Officer, who reports :—

"All the Day Nurseries received dental inspections during the year. The dental condition of the children remained generally good. Most of the defects found were minor ones. Some children showed signs of decalcification of several teeth and in these cases it was found that the children consumed regular quantities of sweets."

Protection of Children against Tuberculosis :— Ministry of Health Circular 64/50.

In accordance with the recommendations of the Joint Tuberculosis Council contained in the above Circular, all the staffs of Day Nurseries are subject to an X-ray examination of the chest before appointment and annually thereafter. This is laid down in the conditions of service set out in the application forms signed by all candidates for nursing posts in the County Nurseries, while a similar form agreeing to an initial and annual x-ray is signed by domestic staff before appointment.

This is a valuable step in the prevention of the spread of the disease by adults who regularly come into contact with organised groups of children.

During the year, nursing and domestic staffs at the five Nurseries administered by the County Health Committee, were X-rayed in groups by arrangement with the Mass Miniature Radiography Units operating in or near Derbyshire. Our thanks are due to the Directors of these Units for their ready co-operation. Similarly all new appointments to the staff were the subject of X-ray, either by the Mass Miniature Radiography Units or at a chest clinic.

Cot Standards.

In May 1955, an article appeared in the Monthly Bulletin of the Ministry of Health and Public Health Laboratory Service, drawing attention to the fact that accidents to children, some of which were fatal, occurred as a result of the spacing of cot bars. The child slipped through the spaces feet first, and, as the bars were too close to permit the passage of the child's head, the weight of the body pressed the face into the bedding and caused asphyxiation.

The spacing recommended by the British Standards Institution in 1950 and 1951 for hospital metal cots was 3-3½″ between bars, and in domestic wooden cots "not more than 3¾″, the difference in the two standards being due to the fact that metal bars have some degree of flexibility.

Following upon investigations which analysed the head, chest and pelvic measurements of 600 children in London County Council Day Nurseries, 600 children in Birmingham Nurseries and 400 children in London Hospitals, the British Standards Institution (in agreement with medical representatives and manufacturers) issued a new standard for children's hospital metal cots. This recommended bar spacing of 2¾″-3″ with an upward tolerance of 1/16″.

Although the B.S.I. did not recommend any alteration in the standard for domestic wooden cots, the Ministry of Health and the Home Office decided to withdraw their approval of the old standard, in view of their knowledge that fatal accidents could, in certain circumstances, occur in cots conforming to it.

Accordingly, it was decided that all wooden cots in the Derbyshire Day Nurseries should be converted to the new spacing for metal cots.

At first it was thought that the cots could be converted by inserting additional bars between the existing one, making the spaces between approximately 2". This, however, was considered to be almost as dangerous as the old standard, owing to the risk of children's limbs becoming caught between the bars.

Eventually, Councillor J. W. Hall, a member of the County Health Committee, provided a happy solution when he suggested that strips of wood be fastened to the existing bars of a width that complied with the recommended spacing.

By the end of the year, all the wooden cots in the Day Nurseries in the County had been altered satisfactorily in this manner.

DAY NURSERIES

Chaddesden Day Nursery.

During the year the average number of children on the register was 46, and the average daily attendance 32.5. During 1955, 42 children left the Nursery and 44 were admitted. The number on the waiting list at the end of the year was 31.

In her report, the Matron stated that the majority of the children on the waiting list were in the 2 to 5 age groups. Priority of admission was given to children of widows, unmarried mothers and separated parents, and several children were admitted for short periods during the year while the mother was in hospital or ill at home. Vacancies only seemed to occur when children were admitted to school.

Practically all the mothers were in full time employment and worked chiefly in the textile and engineering factories and they showed great appreciation for the care given to their children in the Nursery.

Attendances during the year were good, but there was a drop in late January and early February on account of measles. Four cases of chickenpox and two of measles occurred in June. The usual precautions were taken during the infectious period, the children were examined before going into the Nursery and children were kept in the open air as much as possible.

Fifteen children were immunised against diphtheria during the year and five children in the 4 to 5 age group received dental treatment.

All the Nursery equipment was in good order and repairs were dealt with promptly. The corridor and bathrooms were re-painted in June and all cot bars were altered to comply with the recommendations of the Ministry of Health and Home Office. Thirty-three new nursery chairs were supplied during the year and the new steel climbing frame was greatly appreciated by the children.

The Matron expressed her appreciation of her efficient and good working staff and also of the interest taken in the children by the visiting Medical Officer.

The Matron and staff continued to enjoy the visits of the members of the County Health Committee. The Matron reported that the visitors were most helpful and showed great interest in the welfare of the children and staff. She looked forward to further visits in 1956.

Whitfield Day Nursery, Glossop.

During 1955 the average number of children on the register was 50, and the average daily attendance 34.4. The 39 children who left during the year were replaced by 39 new admissions.

The waiting list for admission was reduced to 23 during the year, this mainly being due to children moving away to live in other districts, and others reaching school age. In her report the Matron stated that children were minded out in the care of older people or neighbours when there was no vacancy for them in the Nursery, and when a vacancy did arise the Mothers found it difficult to take the child away from a person who had grown fond of it. The only reasons children leave the Nursery are upon reaching the age of five, moving out of Glossop, or whenever a new baby is expected.

Three children were absent from the Nursery during April suffering from Measles, and disinfection was carried out in the usual way. Except for the usual coughs and colds no other infection occurred during the year.

The new sandpit is large enough to accommodate several children, and has proved a great joy whenever the weather has been kind.

Workmen have been employed at the Nursery on many occasions carrying out various repairs and keeping the premises in good order and safe for the children.

The visits from members of the County Health Committee were appreciated and always proved most helpful and interesting.

Station Road Day Nursery, Ilkeston.

This is the smallest of the County Day Nurseries and provides accommodation for 35 children. The average number of children on the register during the year was 36, and the average daily attendance 22.3. Eighty-three children attended the Nursery, and 54 children were admitted and 52 discharged during the year.

The average daily attendance showed a drop of 2.7 on the previous year's attendances. The Matron felt this was due to two factors, firstly, in April and May, 14 children had measles and 1 had whooping cough, and in November and December there were 8 cases of mumps. This gave a total of 23 children absent through infection, while in 1954 only 6 children were absent on similar grounds. Secondly, a number of mothers had been working alternate days owing to shortage of work. These two factors, coupled with the holiday periods when older brothers and sisters were at home to look after the little ones, and the absenteeism for the common cold, contributed to the lower average attendance.

During the above-mentioned periods of infection, the usual precautions and preventive measures were taken.

During the year, the nursing staff was increased by the addition of one Nursery Nurse and the Matron reported that this was a great help in the running of the Nursery.

The Nursery grounds were considerably improved by the removal of the old sand-pit and the building of a new one, and the ground at the back of the Nursery was recovered with tarmacadam. This gave a greater hard area playing space for the children and was very much appreciated. Barbed wire was erected on the outer walls to prevent trespassing and new posts were placed in the front fence where some of the existing ones were rotting.

Apart from minor repairs, and the laying of new floor covering in some of the rooms, there were no alterations inside the Nursery.

The Matron was pleased to see the members of the County Health Committee, and felt they were most interested in the welfare of the children. She hoped to have the pleasure of further visits during 1956.

Whitworth Road Day Nursery, Ilkeston.

The average number of children on the register during the year was 51 and the average daily attendance 36. The number of children who left the Nursery was 45, and 45 were admitted to replace them. During the year 96 children attended the Nursery. The waiting list was never more than 8, mothers usually waiting to get suitable work. Children mainly left the Nursery at the beginning of the school terms, and new admissions automatically took their place.

In her report the Matron stated that the Nursery continued to serve a very useful service in the area, and there was splendid co-operation with the Health Visitors, local Doctors, the N.S.P.C.C. and the Moral Welfare Workers. The staff worked splendidly during the year for the benefit of the Nursery and the children.

The attendances of three-quarters of the children were exceptionally good, they were only absent for infectious illnesses and during bad weather conditions. The Matron found that when children went to the Nursery at an early age, they attended much better in the Toddler Nursery than the new admissions. During the year, 27 children has measles, and 7 had mumps, and all the usual precautions were taken with regard to the Nursery, the resters, blankets, etc.

The regular monthly medical inspection visits made by the visiting medical officer were greatly appreciated. The children were immunised at the Nursery, both previous to and at the commencement of their entry to the Nursery.

The children were delighted with their new play apparatus, nest of bridges and jungle gym, and the staff were pleased to receive the new staff cutlery. The new wash-boiler was also a great improvement.

The Matron and staff continued to enjoy the visits of the Members of the County Health Committee.

Long Eaton Day Nursery.

The average number of children on the register during the year under review was 53, and the average daily attendance 40.7. Thirty children left the Nursery during the year and 32 were admitted. The number of children on the waiting list on 31st December, 1955, was

46. The Matron stated that she always tried to deal with cases on the waiting list as fairly as possible, always giving preference to the most needy cases.

The children have attended very well during the year. Minor ailments have sometimes kept them at home for odd days, and attendances have been down during holiday periods when the older children often looked after the young ones.

There were 16 cases of measles during the early part of the year, and the usual precautions were taken in each case. The usual monthly medical inspections by the visiting medical officer continued.

During the year ten children's chairs were replaced, new curtains were provided for the Nursery windows, and four hearth rugs were provided, all of which added to the improved general appearance of the Nursery. Two office and two staff room chairs were re-covered and the large nursery and the toddlers' bathroom were re-decorated

In her report, the Matron expressed her appreciation of her staff, who, during the three months the Nursery was without a stoker, took on this extra work. This meant getting to the Nursery long before 7 a.m. to get the fires going and the rooms warmed for the arrival of the first children at 7 a.m. The staff also went in at weekends to clear out the large boiler fire and the large stoves, and got them going again ready for Monday morning.

The visits of the members of the County Health Committee continued, and were much appreciated by the Matron and staff.

Admission of Nottinghamshire Children to Derbyshire Day Nurseries.

Several years ago an agreement was reached with the Nottinghamshire County Council, whereby children residing on the eastern border of Derbyshire could attend Nottinghamshire Day Nurseries, the difference between the charge to the parent and the cost per child-day being met by the Derbyshire County Council.

Admission of Derbyshire Children to Sheffield Day Nurseries

It was agreed in principle that Derbyshire children be allowed to attend Sheffield Day Nurseries, the Derbyshire County Council being responsible for the difference between the actual cost and the charge made to the parent. All cases are referred to the Chairman of the County Health Committee for approval after the actual assessment of the cost to the County Council has been ascertained by the Sheffield Authority.

Training of Pupil Assistant Nurses.

The arrangement continued during the year whereby two Pupil Assistant Nurses employed by the Derby Area No. 1 Hospital Management Committee should work for a period of six or eight weeks at one of the Day Nurseries to gain experience. The Management Committee supplied their services free of charge, and the Derbyshire County Council provided their meals.

Annual Conference of the National Association of Nursery Matrons.

The Annual Conference of the National Association of Nursery Matrons was held on 12th and 13th March, 1955 at Southport. The Matron of the Whitworth Road Day Nursery, Ilkeston, was allowed to attend, and she expressed her appreciation of this concession.

Short Courses for Teachers—Nursery Education.

Two Matrons were permitted to attend a Course on Nursery Education run by the Ministry of Education at the Stockwell Training College, Bromley, Kent, from 27th July to 4th August. Both Matrons spoke very highly of the lectures they received and said they found the Course most interesting and stimulating. They hoped to put into practice in their own Nurseries, the knowledge they had gained.

MIDWIFERY SERVICE
(Section 23)

General arrangements for the Service

The County Council in July, 1948, became the responsible Authority for providing a domiciliary Midwifery Service for the whole of the Administrative County, including Chesterfield. The Area Medical Officer, assisted by one non-medical Supervisor of Midwives, supervises the Midwifery Service in Chesterfield Borough, under the general direction of the County Medical Officer. The remainder of the County is administered from the central office in Derby, and the County Medical Officer is assisted in carrying out the necessary supervision of Midwives by the Deputy County Medical Officer, a Senior Medical Officer, and two non-medical Supervisors of Midwives.

Regarding midwives employed in Institutions, supervision is exercised by the Maternity and Child Welfare Medical Officers, as well as the non-medical Supervisors of Midwives—again, of course, under the direction of the County Medical Officer.

Regarding the midwives employed by the County Council, it has not been possible in all areas to divorce Midwifery completely from Home Nursing. This is partly due to the qualifications and grading of nurses transferred from Nursing Associations in 1948 and partly to the fact that in sparsely populated areas it results in the area to be covered becoming unwieldy. The travelling would then be excessive, bearing in mind the number of cases a Midwife is expected to attend. The divorce of Midwifery from Home Nursing is a desirable aim, but I do not think that this can be achieved entirely in this County because of its geographical features. An idea of the staffing position for the period under review can be obtained from the following table :

	Number of midwives on the staff at the end of							
	1948	1949	1950	1951	1952	1953	1954	1955
County Midwives ..	83	79	83	83	73	71	69	72
Home Nurse-Midwives	44	43	38	37	35	35	32	30

In the light of the falling birth-rate and the increasing proportion of confinements taking place in hospital, it has been decided as a matter

of policy that when vacancies arise careful consideration be given to the need for further appointments, if future redundancy of staff is to be averted. In some parts it has been found that by combining a number of small areas into one large area, economy of nursing staff has been effected as well as administrative arrangements simplified. A small area on the Sheffield boundary in which Home Nurse-Midwives were employed, was considered at the end of the previous year to warrant merging with the larger area surrounding it with a view to providing separate Midwifery and Home Nursing Services. This merger came into operation on 1st January, 1954.

In order to enable the domiciliary midwives to make the best use of their time and also to transport equipment, including Analgesia apparatus, to their patients, the Authority agreed to grant travelling allowances to Midwives for the use of motor cars. In addition, the Authority's "assisted purchase of cars scheme" was extended to Midwives wishing to obtain loans for this purpose. At the time of writing this Report 67 Midwives out of a total of 72 are using motor cars.

Uniform

All Midwives on the staff are provided with the official uniform recommended by the Central Midwives Board.

Housing

It is a rule of the Authority that a Nurse should live in the area for which she is primarily responsible, in order that she may be readily available when called upon. Difficulty has occasionally been encountered in the past by Nurses in securing accommodation in some areas, although a number of Local Sanitary Authorities have been extremely helpful in letting houses either directly to the County Council for occupation by a Midwife, or to the officer concerned. Where this assistance from the Local Sanitary Authorities has been forthcoming, very little difficulty has been experienced in filling vacancies.

General

The following Table sets out certain relevant figures regarding the Midwifery Service for the years 1948 to 1955 :—

	1948	1949	1950	1951	1952	1953	1954	1955
Number of cases attended by Midwives employed by the Authority :								
(i) As Midwives .. ..†	1,835	3,925	3,808	3,264	2,918	2,938	3,047	3,039
(ii) As Maternity Nurses ..†	562	1,676	1,488	1,609	1,561	1,510	1,385	1,352
Total ..	2,397	5,601	5,296	4,873	4,479	4,448	4,432	4,391
Number of cases in which Gas and Air was administered	1,344	1,942	2,311	2,167	2,192	2,501	2,667	2,611
Number of cases in which Pethidine was administered :—								
(i) When acting as a Midwife ..	—	—	—	241	579	900	1,186	1,297
(ii) When acting as a Maternity Nurse	—	—	—	613	598	488	479	826

† These figures relate to the period 5th July to the 31st December.

Midwifery Service

The areas covered by County Midwives and Home Nurse-Midwives have been drawn having regard to (1) the amount of work performed ; (2) the convenience of patients ; (3) the situation of the Midwives' residences ; and (4) the "mobility" of Midwives.

It has been estimated that each Midwife can undertake approximately sixty-six cases per annum, and it has been stated that one Midwife is required for 5,000 to 6,000 of the population in an urban area. It is intended on this estimation that her duties shall include ante-natal care, attendance at the confinement and nursing of the mother and baby for a minimum of fourteen days during the lying-in period.

At the end of 1955, there were 195 Midwives on the County Roll—six were Midwives in independent practice; seven were Midwives working in private Nursing Homes; eighty were Midwives working in Regional Hospital Board Hospitals and Maternity Homes; and seventy-two were County Council Midwives and thirty were County Council Home Nurse/Midwives.

GAS AND AIR ANALGESIA

The number of Midwives in practice in the County at the end of the year who were qualified to administer Gas and Air Analgesia in accordance with the requirements of the Central Midwives Board, was as follows :—

Domiciliary Midwives	102
Employed in Homes and Hospitals in the National Health Service	61
Employed in Nursing Homes or Maternity Homes not in the National Health Service	5

The number of cases where gas and air analgesia was administered by Midwives in domiciliary practice during the year 1955, was 2,611.

Facilities are provided to enable domiciliary Midwives practising in the area to attend courses of instruction in the administration of analgesics in institutions approved by the Central Midwives Board.

In all cases where Gas and Air Analgesia is administered by a Midwife in domiciliary practice, a "second person" must be present who is acceptable to the patient as well as to the Midwife.

At the end of the year 1955, all the 102 Midwives and Home Nurse-Midwives on the staff of the Department were trained in the administration of Gas and Air Analgesia and were in possession of sets of apparatus.

As a consequence of the authority contained in Statutory Instrument No. 380 of 1950, the Dangerous Drugs Regulations, 1950, authorising Midwives who have notified their intention to practise to the Local Supervising Authority to be in possession of and to administer medicinal opium, tincture of opium, and pethidine, all Midwives were issued with Dangerous Drugs Books, and arrangements were made for the issue of pethidine from the Central Office. The number of cases in which pethidine was administered since these Regulations came into force are set out below :—

1951	854
1952	1,177
1953	1,399
1954	1,665
1955	2,135

Trilene

The Midwives Rules (Approval Instrument) 1955 came into operation on 1st February, 1955. Arising out of the new rules, it was resolved that a sum be included in the estimates for the financial year 1956/57 for the purchase of 100 sets of apparatus for administration of Trilene.

As there were two types of inhaler being manufactured, both of a pattern approved by the Central Midwives Board, one of each type was ordered in the first instance, in September of the year under review.

Both machines were delivered in January 1956, and are now on trial.

Refresher Courses

The County Council's proposals under Section 23 of the National Health Service Act provide for sending Midwives on Post Certificate Courses at suitable intervals. Up to this year seven midwives have been sent annually to Courses arranged by the Royal College of Midwives, fees and expenses being paid by the Authority. In addition, the Supervisors of Midwives attend in rotation the annual post-certificate courses conducted by the Association of Supervisors of Midwives.

The Minister of Health has, however, given approval under Section 30 of the Midwives Act, 1951, to rules made by the Central Midwives Board. This was contained in Statutory Instrument 1955, No. 120, which came into operation on the 1st February, 1955. Section G of the rules dealing with Refresher Courses for midwives has been made obligatory as from the 1st January, 1958, after which date midwives are required to attend Refresher Courses every five years. In order that all midwives shall be brought into line it was arranged to send 32 midwives during 1955, 32 during 1956, 32 during 1957, and the balance during 1958.

Training of Pupil Midwives.

Arrangements were made with the Sheffield Regional Hospital Board for the training of Pupil Midwives in the Chesterfield area. The arrangements provided for the Regional Hospital Board paying: (1) the pupil Midwives' salaries; and (2) £2 2s. 0d. per week to the Midwife for providing board and lodging for each pupil; while the County Council pays £20 per annum to the Midwifery Teacher.

The Royal College of Midwives have issued a Memorandum on Policy, and it was thought that the following excerpt from it might prove of interest:—

"*The Midwife in the Maternity Service.*

The Royal College of Midwives believes that if the best possible care is to be given to the mothers and babies of the country the Maternity Service must continue to be based on the provision of an adequate number of well-educated, well-trained and experienced midwives. At the same time the College welcomes the provision, under the National Health Service Act 1946, for maternity medical services to be given by general practitioner obstetricians, and for the attendance of consultant obstetricians, should the need arise.

The midwife today is trained to be "the practitioner of normal midwifery" (Report of the Working Party on Midwives, para. 102), and as a member of the obstetric team she should be given a share in the planning and organisation of the Service. Only thus will the mother and baby be best served and the best type of midwife find sufficient scope within the Service.

The function of the midwife should be substantially the same whether she is engaged in institutional or domiciliary practice, and in the following paragraphs we have outlined what we believe should be the scope of her work.

The Responsibility of the Midwife.

1. *Ante-Natal Care.*

The responsibilities of the midwife for the clinical care of the expectant mother are determined by the Rules of the Central Midwives Board.

The routine ante-natal care of the expectant mother should be recognised as the duty of the midwife in association with the doctor, who is responsible for the general medical care and attendance when need arises.

We believe it is of vital importance for the midwife to continue to exercise her clinical skill, including the ante-natal examination of women attending Local Authority clinics or other centres. Many doctors are now undertaking ante-natal care in their own surgeries, but this does not absolve the domiciliary midwife from taking her full share of responsibility. In hospital practice, where the obstetricians attend every ante-natal clinic, we consider it essential that there should also be ante-natal sessions conducted by midwives.

The midwife has always been a teacher of individual mothers, but today she is taking a much larger part in the ante-natal teaching of groups of mothers, and we are glad that her responsibility for this important work is increasing and will increase in the future.

Classes for the mothers in ante-natal clinics should be organised by the midwife in co-operation with other members of the health team. The midwife herself should give the teaching on the physiology of labour and the preparations for it, the use of inhalational analgesics, the preparations for the baby, and breast feeding. Provided she has had the appropriate experience, the midwife may and often does, give instruction on relaxation and ante-natal exercises to small groups of mothers.

In our opinion the assessment of the suitability of the home conditions for confinement should be made by the midwife in consultation, where necessary, with the patient's own doctor.

2. *Care during Labour.*

Every mother should be under the constant care of a midwife during the whole of her labour. Although a doctor may be present for part of the time, the midwife should continue to take full responsibility for the majority of normal deliveries. She can administer

inhalation analgesics and, under the Dangerous Drugs Acts, she can give certain pain-relieving drugs. It is thus within her power, and it is her duty, to give the mother adequate relief from pain during labour.

3. *Post-Natal Care.*

The responsibility of the midwife for the care of the mother and baby is a very important one. They should, if possible, be looked after during the post-natal period by the same midwifery team who cared for them throughout pregnancy and labour. We deplore the practice in some hospitals of sending the mother and baby home, or to other premises, within a few days of confinement since this makes it impossible to give them continuity of care.

The care of mothers and babies should remain the responsibility of midwives for at least twenty-eight days. It is the duty of the midwife to encourage the mother to attend for a post-natal examination and to make the necessary appointment.

We are strongly of the opinion that premature babies should be nursed by midwives."

HEALTH VISITING

All the health visiting services in the County are carried out directly by the Authority and, therefore, no agency arrangements with other bodies are in force. Nearly all of the Health Visitors are also School Nurses. Their work in the latter capacity has been dealt with in my Annual Report as Principal School Medical Officer to the County Education Committee. A great deal of their work for the County Health Committee has already been referred to in Section 22, as a substantial part of the care of mothers and young children is in their hands. Including the Superintendent Health Visitor, the establishment provides for the employment of sixty-nine Health Visitors, who would also act as School Nurses.

The Health Visitor is the teacher and adviser in the home as well as in the clinic and as progress in the Public Health sphere continues so does the scope for her efforts widen year by year. It is interesting to note that although conditions have improved so much in the home and medical advice is available to all free of charge the demand for the services of the Health Visitor has not decreased in this County, which is shewn by the fact that 60% of the babies who were born during the year were taken to an Infant Welfare Centre at least once.

Much of the health education which is carried out in the clinics is informal. In addition to 156 Health and Mother Craft talks given by the Health Visitors, members of Safety Committees throughout the County visited the Infant Welfare Centres to stress the danger on the roads to children under five years of age.

Consideration has been given to the granting of telephones to Health Visitors which will be of great help to them in their day to day duties and will also help to promote more satisfactory liaison with general Practitioners and Hospital Staffs.

Owing to the influx of population and the building of new housing estates in all parts of the County consideration was given to the recasting of Health Visitors areas so that urban and rural areas are included in one district where practicable.

There is still a national shortage of Health Visitors and it has not been possible to obtain the number required in this County; actually at the end of 1955 only fifty-six Health Visitors were employed in an establishment of sixty-nine.

TRAINING OF HEALTH VISITORS

In view of the shortage of candidates in the Health Visiting field, a scheme is in operation whereby State Registered Nurses under thirty-five years of age who hold the certificate of the Central Midwives Board or the first certificate under the new Central Midwives Boards rules, will be assisted in undertaking training for the post of Health Visitor under certain conditions. Briefly these conditions provide for the County Council being responsible for the full cost of training at an approved training centre, and the student being paid three-quarters of the minimum of the Health Visitor's salary for the first twelve months. Of this period, approximately nine months will be spent as a student and the remainder as a Health Visitor on the County Council's staff. A further important condition is that, if required, the candidate will remain on the staff of the County Council for at least two years after the completion of training. A formal agreement is drawn up between the nurse and the Authority to ensure the necessary financial safeguards, in view of the Authority's expenditure in providing for the nurse's training.

Two students were accepted for an approved course of training under this scheme during the year under review, and one was already in training.

STATISTICS RELATING TO MATERNITY AND CHILD WELFARE

Statistics regarding the Authority's Maternity and Child Welfare Services are submitted annually to the Ministry of Health, and appear at the end of this Report (Appendix 1).

Certain facts are extracted for use in the Department, but appear likely to be of general interest and are set out on pages 76 and 77 in a convenient form for easy reference. The headings under which the statistics appear are self-explanatory, and give a summary of the position from year to year with regard to certain of the services provided under Section 22 of the National Health Service Act. It will be appreciated that all the figures are based on the number of notified births, which varies slightly from the number of registered births, the latter being compiled by the Registrar-General and set out on page 14.

TABLE XVI

MATERNITY AND CHILD WELFARE.

1. Ante-Natal Clinics—

Number of sessions	1,336
New Cases	3,777
Ante-Natal attendances	15,740
Post-Natal attendances	608

2. Visits to Homes—

Number of children under five years of age visited during year	38,309
Expectant mothers :—	
First visits	2,291
Total visits	3,067
Children under 1 year of age :—	
First visits	9,401
Total visits	28,167
Children age 1 and under 2 years :—	
Total visits	15,510
Children age 2 but under 5 years :—	
Total visits	28,985
Tuberculous Households :—	
Total visits	3,316
Other cases :—	
Total visits	7,010
Total number of families or households visited by Health Visitors	32,623

3. Infant Welfare Centres :—

Number of sessions		4,030
Number of new cases :—		
Under 1 year of age		6,125
Number of children who attended during the year and who were born in :—		
1955	6,724	
1954	4,495	
1953-50	4,121	
Total number of children who attended during the year		15,340
Number of attendances made by children who, at the date of attendance, were :—		
Under 1 year	69,070	
1 but under 2	16,332	
2 but under 5	10,534	
Total attendances during the year		95,936

4. Mothercraft—Number of Lectures 156

TABLE XVII

	1948 *See below	1949	1950	1951	1952	1953	1954	1955
NUMBER OF NOTIFIED BIRTHS.								
Live Births	11,496	11,589	11,044	10,619	10,387	11,039	10,122	10,130
Still Births	268	263	251	227	236	233	269	221
Total Births	11,764	11,852	11,295	10,846	10,623	11,272	10,391	10,351
DOMICILIARY MIDWIFERY.								
L.H.A. Midwives—Number of cases attended as Midwives	3,670	3,925	3,808	3,264	2,918	2,938	3,047	3,039
as Maternity Nurses	1,124	1,676	1,488	1,609	1,561	1,510	1,385	1,352
Total	4,794	5,601	5,296	4,873	4,479	4,448	4,432	4,391
Midwives in private practice, number of cases attended: as Midwives	226	147	50	30	17	2	9	1
as Maternity Nurses	94	43	34	28	22	20	8	16
Total	320	190	84	58	39	22	17	17
Domiciliary Cases—Grand Total	5,114	5,791	5,380	4,931	4,518	4,470	4,449	4,408

Number of Domiciliary Cases attended as a percentage of all notified births	43.47	48.8	47.6	45.5	42.5	39.65	42.8	42.4
ANALGESIA.								
Number of cases in which Gas and Air was administered by L.H.A. Midwives in Domiciliary practice..	1,344	1,942	2,311	2,167	2,192	2,501	2,667	2,611
Number of cases of Analgesia as a percentage of domiciliary births	28.03	34.6	43.6	43.9	48.5	55.95	59.9	59.46
ANTE-NATAL CLINICS.								
Number of L.H.A. Clinics	23	23	24	24	23	22	22	23
Number of new cases attending during the Year ..	5,552	5,824	5,159	4,663	4,467	4,183	3,976	3,777
Number of new ante-natal cases as a percentage of all notified births	47.2	49.1	45.7	43.0	42.0	37.1	38.3	36.5
POST-NATAL CLINICS.								
Number of L.H.A. Clinics	2	4	2	2	2	2	2	2
Number of new cases attending during the year (including post-natal cases at Ante-Natal Clinics) ..	162	413	409	532	409	394	487	514
Number of new post-natal cases as a percentage of all notified births	1.4	3.5	3.6	4.9	3.8	3.49	4.68	4.97
INFANT WELFARE CENTRES.								
Number of L.H.A. Centres	77	79	82	83	86	85	85	86
Number of Voluntary Centres	5	4	3	3	3	3	3	3
Number of children who first attended an Infant Welfare Centre during the year (under one year) ..	6,090	6,516	6,051	5,923	6,115	6,374	6,995	6,245
Number of first attendances of children under one year of age at I.W.C.'s as a percentage of notified live births ..	52.97	56.22	54.79	55.77	58.87	57.74	69.17	60.3

* *These figures are based on a return to the Ministry of Health for the period 5th July, 1948, to 31st December, 1948, but have been doubled in order to obtain an approximate figure for the whole year.*

HOME NURSING SERVICES
(Section 25)

The Home Nursing Service has continued to play an important part in the treatment of patients at home. This relieves the pressure on hospital beds and helps the General Practitioner to give the best possible service; it is a valuable, and often unpublicised part of the many-sided National Health Service.

Since the start of the service in July 1948 the work undertaken by the nurses has continued to increase. In 1949 (the first full year of the service) 11,149 new cases were seen. In 1953 this figure had increased to 17,004, in 1954 to 17,241, with a slight decrease to 17,041 in 1955. The number of visits has markedly increased from 286,424 in 1949 to 361,503, in 1953; 377,319 in 1954 and 390,384 in 1955. Of the patients visited in 1955, 35% were over 65 years of age at the time of the first visit; and 4% were under 5 years of age. During the year 18% of the patients had more than twenty-four visits.

There is every reason to believe that the services of the nurses are much appreciated.

The analysis of the new cases and visits is given in section 6 of the copy of the Annual Report to the Ministry of Health, which forms an appendix to this Report. This Return analyses the type of work which Home Nurses are now called upon to do, and gives the number of visits to medical, surgical, infectious diseases, tuberculosis, maternal and other cases.

In 1951 a member of the staff of the Ministry of Health gave as a guide the following staffing standards :—

Where bedside nursing only is undertaken	One nurse to 6,000 to 7,000 of the population.
Combined with midwifery ..	One nurse to 3,000 to 4,000 of the population.

The number of staff employed is reviewed from time to time in the light of these standards. The following shews the staffing position at the end of each year since the operation of the County Council Home Nursing Service :—

	1948	1949	1950	1951	1952	1953	1954	1955
Full time—								
Home Nurse Midwives ..	44	43	38	37	35	35	32	30
Home Nurses	81	91	104	99	99	99	103	108
TOTAL ..	125	134	142	136	134	134	135	138
Part-time	2	–	2	3	2	–	–	–
TOTAL full-time and part-time	127	134	144	139	136	134	135	138

It has been the policy of the Council to separate wherever possible home nursing from midwifery because of the possible danger of spreading infection from general nursing cases to women in childbirth. It will be seen from the reduced number of staff employed as home nurse-midwives that progress has been made in this direction; this progress has been assisted by the re-arrangement of areas mentioned below. Details of the areas served by Midwives, Home Nurse-Midwives and Home Nurses are shewn in the current edition of the Council's "Health Services" Handbook, which was published in June, 1953.

No major changes have been made in the service since 1953, when in the interests of efficiency and administrative convenience the Home Nursing and Midwifery areas were re-arranged. Generally speaking the areas are larger than previously, which is advantageous from the point of view of relief duties as well as in the event of sickness and holidays. Except for small details the areas fall into the following groups :—

(i) Areas covered for midwifery purposes by County Midwives only.
(ii) Areas covered for home nursing purposes by home nurses only.

} These areas are co-terminous.

(iii) Areas covered for both home nursing and midwifery by home nurse-midwives.

The County Council has approved the policy of nurses being granted car allowances as it is realised, (1) that it is in the interests of the patient, as nursing aid arrives quicker; (2) it contributes to the health and convenience of nurses, particularly in bad weather and at night; (3) it is cheaper to the Authority because the nurses can perform more work by covering a wider area. The Authority has also a scheme by which nurses and midwives are able to obtain loans towards the purchase of cars. Many take advantage of this scheme and the number of nurses using cars is steadily increasing. At the time of writing 108 nurses out of 141 are using motor vehicles in connection with their duties.

It is a rule of the Authority that nurses should live in the areas for which they are responsible, in order that they may be readily available when called upon. Difficulty is sometimes experienced in nurses securing living accommodation in the area, but Local Housing Authorities are usually helpful in letting houses directly to the nurses or to the County Council. This action on the part of Local Housing Authorities is much appreciated by all concerned.

The County Council's proposals under the National Health Service Act provide that "In order that the services should be as efficient as possible it is proposed to send Nurses to Post Certificate Courses at suitable intervals." In January, 1953, the County Health Committee authorised six Home Nurses to attend suitable Refresher

Courses each year. In the light of experience it was felt that this number should be increased, and in fact in the report of the Working Party on the Training of District Nurses it is stated "To ensure that a high standard of district nursing is maintained, it is important that the district nurse should be kept abreast of any developments affecting the service. It would be of benefit to her and to the home nursing service generally if she were to attend a refresher course of not less than five days' duration at intervals of not more than five years." Consequently the County Health Committee decided to increase the number of nurses allowed to attend such courses from six to not more than thirty in a year.

VACCINATION AGAINST SMALLPOX AND IMMUNISATION AGAINST DIPHTHERIA

(Section 26)

I wrote at some length in the Annual Report for 1954 on the background of Vaccination and Immunisation and the effects that had been observed on the numbers of cases and deaths from both Diphtheria and Smallpox. It was then stated that this country was comparatively free from Smallpox, and that Diphtheria had almost been eradicated, and whilst this was a source of great satisfaction, it was desirable that health workers should continue to keep up their propaganda for infant vaccination and immunisation. The importance of this was emphasised by the occurrence of a fatal case of Diphtheria—the only case in Derbyshire during the year. The child concerned had moved into the county from a distant town only seven days before he was notified as suffering from the disease.

During the year under review a circular letter addressed to Assistant Maternity and Child Welfare Officers, School Medical Officers, Midwives, Health Visitors and Home Nurses, was sent out to stress the importance of continuing the drive against Diphtheria by means of immunisation. The substance of that letter is given below :—

"National Health Service Act, 1946
Section 26—Immunisation against Diphtheria

The incidence of diphtheria continues to fall. In the last ten years notifications have fallen from over 18,500 in 1945 to a new low figure 182 (provisional) for 1954. The following information has been provided by the Ministry of Health.

Year	*Deaths* *	*Corrected Notifications*
1945	722	18,596
1946	472	11,986
1947	244	5,609
1948	156	3,575
1949	84	1,890
1950	49	962
1951	33	664
1952	32	376
1953	23	266
1954	9 (provisional)	182 (provisional)

* The deaths include 'late effects,' i.e. those occurring more than a year after the acute episode ; in 1951, 1952, 1953 and 1954 these numbered 3, 9, 3 and 2 respectively.

The Minister greatly values all that authorities have done in helping to achieve this continued progress, and feels sure that they will wish to plan and sustain the campaign during the present year.

The object of the campaign remains as before : to secure immunisation of not less than 75% of babies before their first birthday. Having regard to the birthrate during 1954, the immunisation objective for 1955 is 490,500 children under one year. Immunisation of the children reaching the age of one year increased from 28% in 1951 to 31% in 1952, slightly declining to 30.4% in 1953. For the first half of 1954 it rose to 35.75% ; while this rise is encouraging the figure is still regrettably low and a continuing cause for concern.

In the Chief Medical Officer's Annual Report for 1953 it is stated, with reference to the experience of an Urban District in the Midlands where diphtheria was most concentrated, that during 1953 the claims made for the value of immunisation were substantiated. Of the thirty-eight cases, three died and none of these had been immunised. This example reinforces the point that medical officers of health have so pertinently and increasingly been making in public during the last few years : that only if an adequate level of immunisation is maintained can this country be rid of diphtheria altogether.

If parents leave their children unprotected, there may well be other outbreaks of a severity comparable to the one quoted, where despite a school-age immunisation percentage raised to 78.5 by intensive efforts in 1953, the under school-age proportion was only 40%. 'As elsewhere in the country' it is remarked in the C.M.O's. Report 'it was found that the parents of the unimmunised young children had no objection to the procedure. They were merely

indolent and quite apathetic concerning the matter, even when the disease was prevalent in the vicinity ; later, when the child could be immunised at school without any inconvenience, they readily consented.'

Continuous publicity by local authorities is therefore essential to prevent parents of young children being lulled into a false sense of complacency by the dramatic fall in the incidence of diphtheria and the rarity of its occurrence among the children of friends and neighbours. An organised system of personal persuasion in which doctors, health visitors, district nurses, staffs of welfare centres, and voluntary workers play their part is still the most powerful element in any local campaign . . ."

I thought it advisable to pass on this information to you, as it may be useful to you in impressing upon parents the importance of having their children immunised against diphtheria."

This communication was followed at a later date by a further circular quoting a message from Sir John Charles, Chief Medical Officer of the Ministry of Health, and whilst this was distributed in January 1956, the opportunity has been taken of including it in this Report.

"Immunisation against Diphtheria

I am quoting a message from Sir John Charles, the Chief Medical Officer of the Ministry of Health, addressed to workers in the field of child welfare, concerning the diphtheria immunisation campaign. I am sure that you will respond to his appeal for your continued help.

I am sending to Health Visitors, to assist in publicising the facilities, the following posters and leaflets :—

(i) To be displayed at clinics and infant welfare centres, a poster "Please have me immunised . . ."

(ii) A small supply of the "Health Visitors' card" which is intended for regular use by Health Visitors in conjunction with personal persuasion, and particularly for leaving behind with the mother who wishes "to think it over" or to consult her husband.

(iii) A small supply of a general leaflet which may be used as an alternative to (ii) above, but which is thought to be more suitable for distribution during a special campaign, as the text is more detailed so that the leaflet may be of use without a personal talk.

It is suggested that a special "drive" should be made in order to encourage immunisation in the Spring, when the incidence of poliomyelitis is at its lowest level. The Ministry themselves hope to arrange for a certain amount of press advertising from mid-February to mid-March, and for poster displays in April and May in selected areas. Bearing this in mind, I have no doubt you will all play your part in furthering this campaign.

"A Message from The Chief Medical Officer of the Ministry of Health

To Medical Officers of Health and Others
Working in the Field of Child Welfare.

Since 1940 eleven and a half million children have been immunised against diphtheria and the incidence has fallen from a yearly average of 58,000 cases with 2,800 deaths in the years 1930-39, to 167 cases with nine deaths in 1954.

These are really remarkable facts, evidence of the vast amount of work done in this field by Medical Officers of Health and their staffs, and by family doctors. They must give all of us great satisfaction. But they should not be taken to imply that the story of diphtheria is yet finished.

A generation of parents is growing up that does not know and, therefore, does not fear this disease. To them poliomyelitis, whooping cough and measles have become more important and this is understandable. Our past success has become our greatest handicap, and it now requires increased efforts to maintain, let alone improve, the level of immunisation.

Diphtheria could return in its old killing epidemic form and we must safeguard against this by ensuring a high level of immunisation among children. This is particularly important among infants under one year. Only 36 per cent. were immunised in 1954, although their immunisation should come to be regarded as the essential condition of success in keeping diphtheria in check. While our immediate objective must be to improve the rate, the time has come to look beyond this. Based on our past success there is now surely a practical possibility of driving diphtheria altogether from this country. This can be done, but only by sustained effort in the work of immunisation.

I am asking you to help to write the final chapter in the story of diphtheria in this country by continuing to exercise your local influence in convincing all parents of young children of their very real responsibility for making use of the free immunisation service offered to them."

Before the National Health Service Act came into operation in 1948, provision was made in the Vaccination Acts for compulsory infant vaccination, but since 1948 vaccination, as well as immunisation, has been on a voluntary basis.

Midwives and Welfare Centre staffs have been asked, after the birth of a child has occurred, to advise the mother to see that the infant is vaccinated when it reaches the right age for the inoculation. Health Visitors (who are required to visit and follow-up all notified births)

advise parents personally when the child reaches three months of age, of the facilities for, and the importance of, obtaining vaccination. All the medical practitioners practising in the area of the Authority have been invited to participate in the arrangements for vaccination and have been informed where they may obtain the necessary lymph. In fact, the majority of them now provide this service, and parents are advised, if they desire their children to be vaccinated free of cost, to consult their private Doctor, if he is providing services under the National Health Service Act.

It was thought advisable, in view of the above arrangements, to draw the attention of the Derbyshire Local Medical Committee to the unsatisfactory vaccination position in the County. The Committee gave their approval to a circular letter being sent to all the Doctors in the administrative County, over the signatures of the Chairman and the Secretary of the Committee as well as the County Medical Officer.

The letter which was dated the 6th January, 1955, is set out below :—

"Vaccination against Smallpox

At the meeting of the Derbyshire Local Medical Committee, held on 2nd December, 1954, the County Medical Officer of Health drew the attention of the Committee to the unsatisfactory vaccination position in Derbyshire as disclosed in the following figures for 1953 :—

Live births in the area during 12 months ended 30.6.54	10,518
No. of children under 1 year of age vaccinated in 1953	568
Percentage Vaccinated	5.4

While these figures were not the lowest among the Local Health Authorities in the North Midlands, they were certainly the lowest among the County Councils.

The County Council has invited all Medical Practitioners practising within the area of the Authority to participate in the arrangements for the vaccination of patients against smallpox, and while Midwives, Health Visitors and the Maternity and Child Welfare Medical staff have been asked to advise mothers to agree to the vaccination of their infants when they reach about three months of age, so that the inoculation is carried out preferably prior to their attaining the age of twelve months, it is felt that the patient's own doctor, if he took a particular interest in this matter, might be able to improve the unsatisfactory figures mentioned above.

The Local Medical Committee gave their approval to this matter being circulated to all Doctors practising in the County, and authorised the under-signed to draft this letter."

TABLE XVIII

The following is a copy of the return submitted to the Ministry of Health relating to the immunisation position in the child population at the 31st December, 1955.

I. IMMUNISATION IN RELATION TO CHILD POPULATION.

Number of children at 31st December, 1955, who had completed a course of Immunisation at any time before that date (i.e. at any time between 1st January, 1941 and 31st December, 1955.

Age at 31.12.55 i.e. Born in Year	Under 1 1955	1—4 1951-1954	5—9 1946-1950	10—14 1941-1945	Under 15 Total
Last complete course of injections (whether primary or booster) .. A. 1951-1955	1,287	19,687	23,981	10,470	55,425
B. 1941-1950 ..	—	—	22,121	32,693	54,814
C. Estimated mid-year child population	10,200	41,700	113,700		165,600
Immunity Index 100 A/C	12.61%	47.21%	30.3%		33.46%

II. DIPHTHERIA NOTIFICATIONS AND DEATHS IN RELATION TO IMMUNISATION DURING THE YEAR 1955.

Notifications			*Deaths*		
Age at date of Notification	*Number of cases Notified*	*Number of cases included in preceding column in which the child had completed a full course of immunisation*	*Age at date of Death*	*Number of Deaths*	*Number of cases included in preceding column in which the child had completed a full course of immunisation*
Under 1	—	—	Under 1	—	—
1 to 4 ..	1	—	1 to 4 ..	1	—
5 to 9 ..	—	—	5 to 9 ..	—	—
10 to 14..	—	—	10 to 14..	—	—
Totals	1	—	Totals ..	1	—

NOTE.—Notifications to be shown on basis of corrected notifications.
Deaths are those finally registered in the Authority's area after allowing for inward and outward transfers.

The following is a table of Immunisations and Vaccinations administered during the last five years :—

TABLE XIX

Immunisation

	Primary	*Booster*
1951 ..	8,098	6,847
1952 ..	7,488	6,748
1953 ..	6,730	4,727
1954 ..	7,531	5,862
1955 ..	7,677	8,028

Vaccination

	Vaccination	*Re-vaccination*
1951 ..	1,891	812
1952 ..	1,612	729
1953 ..	1,939	795
1954 ..	1,815	568
1955 ..	1,816	476

TABLE XX

The following is a copy of the Annual Return for the year ended 31st December, 1955 which was submitted to the Ministry of Health relating to the vaccination position.

I. NUMBER OF PERSONS VACCINATED (or RE-VACCINATED) DURING PERIOD.

Age at date of Vaccination	*Under* 1	1	2 to 4	5 to 14	15 or over	TOTAL
Number Vaccinated	1,286	95	86	87	262	1,816
Number Re-vaccinated..	9	3	17	41	406	476

II. NUMBER OF CASES SPECIALLY REPORTED DURING PERIOD. (Age groups as above).

(*a*) Generalised Vaccinia ..	—	—	—	—	—	—
(*b*) Post Vaccinal Encephalomyelitis	—	—	—	—	—	—
(*c*) Death from complications of vaccination other than (*a*) and (*b*) ..	—	—	—	—	—	—

The following table gives details of the children who completed a course of Immunisation or received a reinforcing dose during 1955 in the form required by the Ministry of Health :—

TABLE XXI

DIPHTHERIA IMMUNISATION RETURN FOR THE YEAR ENDED 31st DECEMBER, 1955

	AGE at date of final injection (as regards (A) or of reinforcing injection (as regards B)			
	Under 1	1 *to* 4	5 *to* 14	*Total*
A. NUMBER OF CHILDREN WHO COMPLETED A FULL COURSE OF PRIMARY IMMUNISATION IN THE AUTHORITY'S AREA (including temporary residents) TOTAL FOR THE YEAR	1,287	4,119	2,261	7,677
B. NUMBER OF CHILDREN WHO RECEIVED A SECONDARY (REINFORCING) INJECTION (i.e., subsequently to primary immunisation at an earlier age). TOTAL FOR THE YEAR	—	400	7,628	8,028

AMBULANCE SERVICE
(Section 27)

STRUCTURE AND ORGANISATION

The County Council has continued to pursue its policy of progressive development of the Ambulance Service which was accelerated during the year by the opening on 9th April of three additional ambulance stations manned throughout the 24 hours at Buxton, Mickleover and Ripley. These three stations, together with the 24-hour manned station already in operation at Chesterfield, have been strategically sited having regard to the distribution of the population and the terrain of the County. The station at Buxton dispensed with the inadequate day station which had been established there since the 5th July, 1948. The Ripley Station resulted in the closing of the completely unsatisfactory day station at Alfreton and the termination of the agency arrangements at Belper, whilst the Mickleover Station dispensed with the agency arrangements with the Derby Joint Committee of the British Red Cross and St. John in Derby.

In addition to these four "Main" stations the Council operates ten ambulance stations manned in the day time only, i.e., from 7 a.m. to 7 p.m., where stand-by arrangements exist at night, except in the case of Bolsover and Glossop, where "night cover" is afforded by the

Chesterfield Station operated by the County Council and Stalybridge Ambulance Station by the Cheshire County Council respectively. Consequent upon the inauguration of the three additional main stations and the introduction of radio-telephony it is anticipated that it will eventually be possible to diminish or terminate the stand-by arrangements at certain other day stations in the County.

The introduction of the additional 24 hour manned stations has brought about a fuller measure of co-ordination of resources and facilitated a system whereby all emergency calls arising in the administrative county are received by a main station, who either deal with the call themselves or, if geographically more expedient, relay it to the appropriate station.

The following procedure is adopted for calling an ambulance :—

(*a*) **Urgent Calls.**

If ambulance transport is required to deal with an urgent case, such as a street accident, all that is necessary is to call the Telephone Exchange Operator and ask for "Ambulance." The caller would be automatically put through to the appropriate Ambulance Station, where the call would be accepted and dealt with regardless of whom the caller might be.

(*b*) **Non-Urgent Calls.**

If a patient is suffering from a non-urgent condition, an ambulance or other form of suitable transport would be provided as appropriate, on the authority of a doctor, dentist, nurse or midwife, providing, of course, the patient cannot reasonably be required to travel by public transport.

The Council has kept all hospitals and other institutions for the sick, all general medical practitioners, dentists, nurses, domiciliary midwives, the Police, the Fire Service and Telephone Authorities, in or serving the County, informed of the addresses and telephone numbers of the Ambulance Stations in the County and the method. of calling an ambulance. In this connection the following circular letter was issued in March, 1955, indicating the revised arrangements as from the 9th April, 1955, on which date the new main stations commenced to operate :—

Ambulance Service

Addresses and Telephone Numbers of Ambulance Stations

As from 8 a.m. on Saturday, 9th April, 1955, the under-mentioned Ambulance Stations will be discontinued :—

(*a*) ALFRETON—Directly operated by the County Council ;

(*b*) BELPER—Agents :— Messrs. J. Allen & Sons, Bridge Street, Belper ;

(*c*) DERBY (County)—Agents :— British Red Cross and St. John, 146, Burton Road, Derby.

The areas covered by these Stations will be covered by new Stations at Ripley and Mickleover, which will be directly operated by the County Council and manned throughout the 24-hours of the day.

In addition your attention is drawn to the address of the Buxton Ambulance Station, which from the same date will be transferred from Market Street to Park Road, when it will be manned throughout the 24 hours of the day.

A list of the addresses and telephone numbers of the County Council's Ambulance Stations has been brought up-to-date and is enclosed for your information.

DERBYSHIRE COUNTY COUNCIL
COUNTY HEALTH DEPARTMENT

AMBULANCE SERVICE

Headquarters: County Offices, St. Mary's Gate, Derby.

Telephone Number: Derby 47131.

Addresses and Telephone Numbers of Ambulance Stations.

Ambulance Station	*Telephone Number*		*Address*
	7 a.m. – 7 p.m.	7 p.m. – 7 a.m.	
MICKLEOVER	Derby 53916	Derby 53916	Station Road, Mickleover, Derby.
Ashbourne ..	Ashbourne 441		Green Road, Ashbourne.
Ilkeston	Ilkeston 936		Manor House, Manners Road, Ilkeston.
Long Eaton ..	Long Eaton 1055		Old Hall Depot, The Green, Long Eaton.
Swadlincote ..	Swadlincote 7041		Darklands Road, Swadlincote.
RIPLEY	Ripley 75	Ripley 75	Ivy Grove, Ripley.
Heanor	Langley Mill 615		Wilmot Street, Heanor.
Matlock	Matlock 706		Town Hall, Bank Road, Matlock.
CHESTERFIELD	Chesterfield 6282	Chesterfield 6282	Ashgate, Chesterfield.
Bolsover	Bolsover 2121		Church Street, Bolsover.
BUXTON	Buxton 2012	Buxton 2012	Park Road, Buxton.
New Mills ..	New Mills 3333		Hague Bar Road, New Mills.
Bakewell ..	Bakewell 393		U.D.C. Depot, Bakewell.
Glossop	Glossop 504	Stalybridge 2650	Talbot House, Talbot Road, Glossop.

Note—For all emergency cases, call the Telephone Exchange and ask Operator for "AMBULANCE."

The arrangements which were made at the inception of the Service whereby the New Mills Ambulance Station gave ambulance cover to the Disley area on behalf of the Cheshire County Council throughout the 24 hours of the day were continued. Similar reciprocal arrangements in force since the "appointed day" with other neighbouring authorities along the whole of the County boundary were continued in the interests of economy and efficiency.

Consultations have taken place from time to time with the staffs of the various hospitals from whom the majority of the demands are received for ambulance transport, with a view to effecting economies where possible.

Arrangements for long distance journeys have been dealt with, as in the past, by the Central Office.

AGENCY ARRANGEMENTS

As has been indicated in the foregoing paragraphs, the remaining agency arrangements in the County, namely, at Belper and Derby, were terminated on the 9th April when the additional directly operated 24 hour manned stations were introduced.

HOSPITAL CAR SERVICE

No demands were made on this supplementary service during the year as the sitting case vehicles operated by the County Council were able to deal with all requests received.

CONVEYANCE OF MENTAL PATIENTS

Since the inception of the service, in accordance with the recommendations contained in Ministry of Health Circular 100/47, a sitting case car has been located at the Pastures Hospital, Mickleover, by arrangement with the Derby No. 3 Hospital Management Committee, for the specific purpose of conveying mental patients to and from that hospital. As from the 9th April, 1955, however, it has been possible for the vehicle to operate from the new main station at Mickleover, situated a distance of approximately one mile from the hospital, without disturbing the excellent arrangements which existed for the use of their trained staff to assist in the removal of mental patients.

The transportation of mental patients falling outside the scope of this arrangement is dealt with by ambulance vehicles located at other Ambulance Stations in the County.

CONVEYANCE OF PATIENTS BY RAIL

Every endeavour has been made during the year to commend to hospitals and general medical practitioners the use of ambulance/train/ambulance transport, particularly in respect of requests for long distance journeys, as outlined in Ministry of Health Circular 30/51. There is no doubt that this method of transportation can generally be regarded as more suitable for patients than long journeys by road and, at the same time, it is a means of conserving the resources of the

Ambulance Service for dealing with local demands. Despite, on occasions, the short notice the Ambulance Service has been able to give the Railway Executive in respect of invalid reservations, excellent co-operation has been received throughout the year.

INFECTIOUS DISEASES

All cases of infectious disease requiring ambulance transport continued to be dealt with by the general ambulance service and no specific vehicles were allocated for this purpose. Personnel have been instructed in the technique of transportation of such patients and in the disinfection of ambulance bedding, equipment and vehicles.

To minimise the risk to personnel from contact with any case of smallpox which might arise, roughly half of the staff at each ambulance station is vaccinated each year, which means in effect, that the arrangement provides for approximately all personnel to be vaccinated once every two years.

The following table shows the number of vaccinations carried out in respect of ambulance personnel during the past five years :—

Year	*Smallpox Vaccinations*
1951	71
1952	61
1953	63
1954	42
1955	81

MAJOR ACCIDENTS

Following the consultations which took place with Regional Hospital Boards, Hospital Management Committees, and Local Health Authorities concerned, as well as the Police and Fire Services, in accordance with Ministry of Health Circulars 13/54 and HM (54) 51, as outlined in my Report for 1954, a scheme was formulated for dealing with any major disaster which might arise and the following instruction on this subject was issued on the 23rd June, 1955, to all Ambulance Station Superintendents in the County.

AMBULANCE SERVICE

MAJOR ACCIDENTS

1. Notification and Control

(*a*) In the event of a major accident in the Administrative County of Derbyshire, the Ambulance Station receiving the call should immediately notifiy :—

(i) The Police and Fire Services.

(ii) The hospital/s to which casualties will be conveyed. (see below list of hospitals which are prepared to receive such casualties).

(iii) The nearest main Ambulance Station manned throughout the 24 hours, i.e., Buxton, Chesterfield, Mickleover or Ripley.

(iv) The County Ambulance Officer. Telephone No. during office hours as above, outside office hours, Derby 47993.

(*b*) The Station Superintendent should proceed to the incident and the Shift Leader assume control of the Ambulance Station.

(*c*) It is understood that the County Police would set up an incident post equipped with wireless, and that in the absence of wireless in the Ambulance Service, contact between the incident, hospital/s and ambulance stations could be maintained by that medium through the County Police Incident Officer.

(*d*) The "Life Saving Flash Call" should be used on the G.P.O. telephone system where necessary.

2. Ambulances and Equipment

(*a*) *Ambulances.*

(i) The number of Ambulance Service vehicles which should be despatched **immediately** to the incident will be dependent on the circumstances and must, therefore, be left to the discretion of the Station Superintendent.

(ii) All routine non-urgent work should be held in abeyance during the period of emergency. Vehicle resources of other ambulance stations in the County should be mustered to the extent of possible requirements and having regard to their geographical location. Such vehicles and crews not required immediately at the incident, should be given the "stand-to," and ultimate deployment of these vehicles will be dependent on additional requirements at the incident, the possible evacuation of patients from certain wards of the hospital/s which will be receiving casualties and the minimum coverage required for normal emergency calls.

(iii) One ambulance at each main station has been equipped to carry four stretcher patients.

(*b*) *Equipment.*

Arrangements have been made for each of the four main stations to carry additional *blankets, first aid equipment and stretchers* specifically for the purpose of dealing with major accidents and should be readily available for immediate delivery to the scene.

3. Staff.

Personnel off duty should be recalled according to need.

4. Mutual Aid.

An arrangement already exists with neighbouring local health authorities for mutual aid in the event of a major accident. This would normally be dealt with by the County Ambulance Officer, but in case it is not possible to contact him **immediately,** it would be necessary for the assistance to be requested direct

by the Station Superintendent or Shift Leader ; telephone numbers can be obtained from the "Directory of Ambulance Control Centres" issued by the Ministry of Health, a copy of which has already been supplied to each Ambulance Station. On the question of mutual aid, it is emphasised that Station Superintendents should be prepared to send rapid aid in similar circumstances to neighbouring Ambulance Services.

List of Hospitals which would be prepared to receive Casualties and to provide a Mobile Team should circumstances warrant.

Hospital.	*Telephone No.*
Chesterfield Royal Hospital	Chesterfield 3261
Derbyshire Royal Infirmary	Derby 47141
Mansfield and District Hospital	Mansfield 1716
Nottingham General Hospital	Nottingham 46161
Nottingham City Hospital	Nottingham 63361
Sheffield City General Hospital	Sheffield 36253
Sheffield Royal Hospital	Sheffield 20063
Sheffield Royal Infirmary	Sheffield 29161
Worksop Victoria Hospital	Worksop 2836
Ashton-under-Lyne General Hospital (Infirmary Section)	Ashton-under-Lyne 4321
Stockport Infirmary	Stockport 4847-8
Stepping Hill Hospital	Stepping Hill 4570
Buxton Hospital	Buxton 463
Devonshire Royal Hospital, Buxton ..	Buxton 1257
Burton-on-Trent General Hospital ..	Burton-on-Trent 3334

NOTE : The Stockport Infirmary and the Buxton Hospital would be the prime casualty reception centres for those areas, but additional beds would be made available, where necessary, at the Stepping Hill Hospital and the Devonshire Royal Hospital, respectively.

PREMISES

The work on the new Ambulance Stations at Buxton, Mickleover and Ripley had sufficiently progressed to permit of occupation on the 9th April, 1955. In the siting and planning of the Ambulance Stations the recommendations contained in Ministry of Health Circular 62/50 as well as Civil Defence requirements were borne in mind.

Buxton

The site and buildings as purchased by the County Council had originally been constructed for use by the Military Authorities and comprised two large brick built garages, the fabric of which was in excellent condition, separated by an area of approximately 2,000 sq. yards of hard standing. One of the buildings has been adapted as an administrative block and garage accommodation for emergency ambulances, whilst the other building has been adapted as a garage, workshop, battery charging room and stores. The total vehicle accommodation is 8—2/4 Stretcher Ambulances and 8 sitting Case Vehicles on the "double-banking" principle.

Mickleover

The area of the site is approximately half an acre with a frontage of 130 feet. The building comprises (*a*) **the Garage,** constructed with timber trusses. It is of the "open" type and will accommodate 10—2/4 Stretcher Ambulances on the "double-banking" principle, with separate ingress and egress for each pair of vehicles; there is also a separate entrance and exit to the Ambulance Station; and (*b*) **the Administrative Block,** which is centrally heated, as it was considered that the heat would be quickly dissipated in the garage on account of the number of doors on both sides of the building: electric points for plugging into immersion heaters in the cooling system of the vehicles have, however, been arranged.

The administrative block comprises a control room (from which all vehicle movement can be observed), office, stores, kitchen, ward room (also used as a lecture room), toilets and ablutions (including showers) for males and females, and a female rest room; although no female personnel are employed in the peace-time service, facilities have been provided for female Civil Defence volunteers in the event of war.

Ripley

The area of the site including buildings for the station is approximately 2,200 sq. yards. The station itself, which is of similar design and general lay-out to that at Mickleover but with slight modifications because of the shape of the site, will accommodate 12—2/4 Stretcher Ambulances.

The Ministry of Health approved in October, 1955, the acceptance of a tender submitted for the erection of a new Ambulance Station at Bakewell. The building, which was actually commenced in November, 1955, is well under way at the time of writing this report and when completed will accommodate six vehicles.

The County Treasurer has kindly provided the following figures on the estimated costs of the new Ambulance Stations:—

Buxton	£
Acquisition of land and premises ..	4,867
Adaptations	8,412
Furniture and equipment	450
	13,729

Mickleover	£
Acquisition of land	1,069
Erection of buildings	10,799
Furniture and equipment	300
	12,168

Ripley	£
Acquisition of land	863
Erection of buildings	12,000
Furniture and equipment	300
	13,163

TELECOMMUNICATIONS

During the year the County Health Committee gave further consideration to the provision of radiotelephony in the Ambulance Service which was approved in principle in 1954, but deferred until it was propitious. Following the opening of the new 24-hour manned stations it was considered opportune to implement the scheme and the County Council accepted the tender of Pye Telecommunications, Ltd., which was confirmed by the Ministry of Health in October, 1955.

The scheme provides for the setting up of a fixed station at each of the four main ambulance stations in the County, namely, Buxton, Chesterfield, Mickleover, and Ripley, which, from tests carried out, afford reasonable radio cover to the whole of the County, as well as most hopital centres outside but generally serving the County.

In the case of Buxton, however, on account of the topography of the Peak District, it was found necessary, in order to give adequate cover to the north west of the County, to arrange for a remotely controlled fixed radio station at the "Cat and Fiddle," with a G..P.O land line to the Ambulance Station. The fixed radio stations include provision for monitor receivers ; all the stations operate on the same frequency.

It was considered uneconomical for mobile radio equipment to be installed in the ambulances already in the service which were equipped with 6 volt electrical systems. The scheme, therefore, includes radio for the 45 ambulances on the 12 volt system ; as and when the older 6 volt type ambulances are replaced by ambulances equipped with the 12 volt system, consideration will be given to the number of mobile radio equipments in the service being increased.

At the time of writing this report three fixed stations, i.e., Chesterfield, Mickleover and Ripley, and 34 mobile radio stations have been installed. Despite the short period the equipment has been in operation, the advantages of this method of communication in the Ambulance Service are already becoming apparent. The full extent of the benefits and the possible economies to be derived from radio in the County can be determined only after more experience has been gained with the equipment.

PERSONNEL

Safe Driving Awards

The arrangements made for all drivers to be entered for the National Safe Driving Competition of the Royal Society for the Prevention of Accidents was continued during the year under review.

The following Table shows the results of the 1955 competition, together with the previous five years :—

TABLE XXII.

Year	*Entered*	*Not eligible*	*Disqualified*	*Diploma*	*5 year medal*	*Bar to 5 year medal*	*10 year medal*	*Bar to 10 year medal*	*15 year Brooch*	*Bar to 15 year Brooch*	*Exemptions*
1950 ..	101	4	23	71	–	1	–	–	–	–	2
1951 ..	123	2	22	94	–	1	–	1	–	–	3
1952 ..	127	4	21	92	3	2	–	3	–	–	2
1953 ..	120	6	24	65	16	3	–	1	1	–	4
1954 ..	114	3	29	53	11	15	–	2	–	–	1
1955 ..	121	2	20	64	10	22	–	2	–	1	–

Since the beginning of the year, in an endeavour to reduce the number of accidents, the County Health Committee has required that all appointments of driver/attendants be subject to their satisfactorily passing a driving test to be conducted by the Council's own Station Superintendents on Ambulance Service vehicles.

Although during the year the number of drivers disqualified in the competition expressed as a percentage of the total number entered was slightly less than in previous years, the actual number of blameworthy accidents increased. This could be attributed to a number of factors, such as, (i) the engagement of additional personnel to man the new main stations from the 9th April, as a consequence of which they were not entered for the "Safe Driving Competition" and therefore any accidents in which they had been involved are not reflected in the above Table ; (ii) the dimensions of ambulances of the 2/4 stretcher type (15 of which were purchased new and operated during the year) have progressively increased since the inception of the service ; and (iii) it must be acknowledged that while the current models possess better riding qualities than the earlier models there is no doubt that difficulties have been experienced at certain hospitals and other places where there is insufficient space for manouvering and parking vehicles.

All accidents, no matter how trivial, were investigated and advice given where necessary to the drivers concerned ; in all cases of carelessness and negligence appropriate disciplinary action was taken.

Generally speaking however the majority of accidents were of a minor nature.

Establishment

The following table shows the authorised establishment of Ambulance personnel which became operative on the 9th April, 1955.

TABLE XXIII.

Ambulance Station	*Station Superintendents*	*Shift Leaders*	*Driver/ Attendants*	*Female Clerks*
Ashbourne ..	1	–	6	–
Chesterfield ..	1	4	29	1
Bolsover	1	–	8	–
Buxton	1	4	24	–
Bakewell ..	1	–	7	–
Glossop	1	–	7	–
Heanor	1	–	8	–
Ilkeston	1	–	8	–
Long Eaton ..	1	–	8	–
Matlock	1	–	8	–
Mickleover ..	1	4	24	–
New Mills ..	1	–	6	–
Ripley	1	4	28	–
Swadlincote ..	1	–	6	–
	14	16	177	1

VEHICLES

As a result of experience gained with the Bedford Light Ambulances on the CA 10/12 cwt. chassis purchased in 1954, the County Council decided to introduce more of that type into the service to replace some of the larger ambulances on the Bedford 27½ cwt. chassis as and when they reach the end of their useful life. With this in mind, together with the Council's policy of standardisation; the following new replacement vehicles were ordered during the year :—

(*a*) One Bedford/Lomas Ambulance on the A2 chassis;

(*b*) Four Bedford/Lomas Light Ambulances on the CA chassis.

The following vehicles were operated on the 31st December, 1955 :—

TABLE XXIV

Location	*Number of Ambulances*	*Number of Light Ambulances*	*Number of Cars*
Ashbourne	2	–	1
Chesterfield	9	1	1
Bolsover	3	–	1
Buxton	6	1	1
Bakewell	3	–	1
Glossop	3	–	1
Heanor	3	–	1
Ilkeston	3	–	1
Long Eaton	4	–	1
Matlock	3	–	1
Mickleover	6	1	3
New Mills	3	–	–
Ripley	8	1	2
Swadlincote	3	–	1
Not allocated "Pool" vehicles ..	5	–	–
Civil Defence vehicles	4	–	–
	68	4	16

STATISTICS

The following Table shows the respective mileages of ambulances and sitting case vehicles during the year.

TABLE XXV

1955	*Cars*			*Light Ambulances*			*Ambulances*			*Totals*		
	Accident or Emergency	*Total Cases*	*Mileage*	*Accident or Emergency*	*Total Cases*	*Mileage*	*Accident or Emergency*	*Total Cases*	*Mileage*	*Accident Total Emergency*	*Cases*	*or Mileage*
January	98	3,071	32,813	—	—	—	985	12,847	98,121	1,083	15,918	130,934
February ..	60	3,207	34,088	—	—	—	864	12,326	90,793	924	15,533	124,881
March	83	3,845	39,501	—	—	—	889	13,267	99,959	972	17,112	139,460
April	73	2,711	30,082	—	779	7,306	882	12,249	92,883	958	15,739	130,271
May	89	3,385	32,480	—	1,223	9,789	956	12,442	94,351	1,045	17,050	136,620
June	110	3,098	33,731	1	1,124	10,678	934	12,460	91,623	1,045	16,682	136,032
July	92	3,005	33,463	2	812	8,075	1,072	9,544	94,403	1,066	13,361	136,941
August	71	2,510	29,641	—	860	7,970	1,085	13,100	101,587	1,156	16,470	139,198
September ..	90	3,128	31,456	2	1,017	9,515	949	12,994	98,506	1,041	17,139	139,477
October	79	3,181	33,285	1	751	7,030	972	13,367	97,807	1,052	17,299	138,122
November ..	75	2,873	29,132	9	910	8,205	932	13,710	99,601	1,016	17,493	136,938
December ..	82	2,896	29,231	8	606	5,658	950	12,277	94,876	1,040	15,779	129,765
	1,002	36,910	388,903	26	8,082	74,226	11,470	150,583	11,55,510	12,498	195,575	1,618,639

The following Table shows the development of the service since July, 1948 :—

TABLE XXVI

Month	*Average Daily Mileage*							
	1948	1949	1950	1951	1952	1953	1954	1955
January ..	—	2,676	3,560	4,100	3,901	4,234	4,193	4,223
February ..	—	3,021	3,556	4,115	3,929	4,316	4,348	4,460
March	—	3,297	3,716	4,132	3,874	4,390	4,571	4,498
April	—	2,999	3,440	4,091	3,856	4,174	4,319	4,342
May	—	2,973	3,900	4,135	4,129	4,167	4,450	4,527
June	—	3,018	4,039	4,356	3,710	4,215	4,376	4,534
July	1,717	3,204	3,890	4,262	4,113	4,401	4,363	4,454
August ..	1,888	3,346	3,639	3,895	3,792	4,044	4,071	4,441
September ..	2,143	3,496	3,669	3,716	4,122	4,492	4,333	4,649
October ..	2,328	3,453	3,901	3,890	4,203	4,557	4,316	4,455
November ..	2,791	3,547	4,081	3,906	4,018	4,549	4,448	4,565
December ..	2,674	3,257	3,743	3,554	3,946	4,050	4,183	4,186

The following Table shows the average number of miles travelled per patient since the 5th July, 1948 :—

Year	*Miles*
1948	14.3
1949	13.3
1950	11.8
1951	11.0
1952	9.3
1953	8.7
1954	8.4
1955	8.2

During the year the total mileage increased by 2.37% whilst the number of patients carried increased by 4.48%. The figure of 8.2 miles travelled per patient for the year under review reflects a further measure of co-ordination by the Service when arranging ambulance journeys.

NATIONAL HEALTH SERVICE ACT, 1946

The County Council's proposals for carrying out their duties or powers as a Local Health Authority under the appropriate Sections of Parts III and V of the above Act were set out in the Annual Report for 1948. During 1951, emendations were made to the proposals under Section 27 governing the Council's Ambulance Services and the whole of the proposals under that Section, as amended and approved by the Minister of Health, were further set out in the Report for that year.

Consequent upon the termination of the remaining agency arrangements and the development of the Service the Council submitted Amended Proposals to the Minister of Health during the year ; the amendment to the Proposals as approved by the Minister in 1956, is set overleaf :—

Modification to the Authority's proposals as approved by the Minister of Health on the 28th January, 1952, for carrying out their duty under section 27 of the National Health Service Act, 1946.

Part III—Development Plan

Delete paragraph 4 and substitute

"4. (i) *Vehicles.*

To provide an adequate service the Council will maintain a minimum number of fifty-five ambulances capable of carrying two or more stretchers and a maximum number of ninety-five vehicles (including ambulances, one-stretcher dual purpose and sitting case vehicles), to meet all foreseeable requirements.

(ii) *Staff.*

A minimum number of 177 and a maximum number of 250 driver/attendants will be employed in the directly provided service.

Additional vehicles will be provided and staff engaged up to the maximum numbers quoted above only when increased demand on the service makes this essential."

PREVENTION OF ILLNESS — CARE AND AFTER CARE (Section 28)

The County Council as a Local Health Authority may, with the approval of the Minister of Health, make arrangements for the purpose of the prevention of illness, the care of persons suffering from illness or mental defectiveness, or the after-care of such persons. The powers, under this section, therefore, extend over a wide field, and are inter-related with the general practitioner and hospital and specialist services provided respectively under parts II and IV of the National Health Service Act as well as the many other enactments administered by the County Council and the District Councils. A close liaison is maintained with the appropriate hospitals, the County Welfare Officer as well as Medical Officers of Health of Sanitary Districts in carrying out the manifold powers and duties which constitute modern social medicine. For example, when a patient requires admission to hospital, particularly if it is for a long stay, a report is requested from a Health Visitor to help the Hospital staff to determine the priority for admission; the County Welfare Officer is informed, in appropriate cases, as he has duties under the National Assistance Act for safeguarding a person's effects while he is in hospital; the Children's Officer is informed where help is required in arranging for the care of children; while the Domiciliary Nurse, the Home Help and the Health Visitor, are contacted in suitable cases as their assistance may facilitate the early return of the patient to his home. Help is given by the department in lending, without charge, items of nursing equipment including special beds and mattresses. Bed-steads, commodes and wheel-chairs are

loaned on a temporary basis, but certain articles such as chairs, carriages, motor-propelled or hand-propelled tricycles may be provided by the hospital service where the disability is likely to be permanent, or semi-permanent.

During 1955 special walking aids were purchased to help cripples, usually children, to learn or re-learn to walk. In addition the County Council has for a number of years made a grant to the British Red Cross Society in consideration of the assistance in loaning nursing requisites to County residents.

EPILEPSY

While this Annual Report was being drafted the Ministry of Health issued Circular 10/56 on the 26th June, 1956. A copy of a Report on the Medical Care of Epileptics made by a Sub-Committee of the Minister's Standing Medical Advisory Committee accompanied the Circular.

The recommendations in the Report call for action by all branches of the National Health Service in the care and treatment of epileptics and they are, therefore, also being brought to the notice of hospital authorities, executive councils and local medical committees by the Ministry. Local authorities, in providing services under the National Health Service and National Assistance Acts, are asked to consider the recommendations which involve the use of these services.

The report states: "A good many patients tend to look on epileptic fits with indifference, to accept then resignedly as inevitable and not to realise that they might be controlled by medical care. It also not infrequently happens that patients neglect to take the drugs which have been prescribed for them, or fail to visit their doctors regularly and thereby obtain the continuous medical supervision which is essential for the successful control of epilepsy. It is clear, therefore, that it is necessary for a more intensive effort to be made to inform sufferers from epilepsy of the nature and significance of their disability and to encourage them to secure treatment and then to follow the medical advice they are given." The Minister recommends that local authorities should consider in what ways their domiciliary visitors can help in these respects, in co-operation with the patient's general practitioner and the hospital service, by encouraging patients to seek and follow medical advice.

The report also refers to the help which may be needed in the resettlement of epileptic patients in the community and expresses the hope that local authorities will expand those domiciliary services under the National Health Service and National Assistance Acts which are of benefit to epileptics. The Minister asks authorities to ensure that the advice and help of health and welfare officers are made readily available to epileptics; development of the services in which these officers are engaged must necessarily be limited by financial circumstances.

The report is most interesting and needs careful consideration. Its full implications will require much thought in due course by a number of the County Council Committees, but the opportunity is now taken to set out below the "Summary of Recommendations" that appear at the end of the report as this step might prove of value when the recommendations are considered subsequently :—

(1) Sufferers from epilepsy should be encouraged to secure treatment for their disability and to follow the medical advice they are given.

(2) General practitioners should take an active interets in the problems of the epileptic and should, generally in conjunction with hospitals, be responsible for the long-term medical supervision of such patients.

(3) Hospital authorities should, on a regional basis, establish diagnostic and treatment clinics and long-stay treatment and rehabilitation centres.

(4) Centres should be of two types, according to the patients' anticipated length of stay.

(5) Hospital authorities should enlist the co-operation of general practitioners.

(6) Three or four special investigatory clinics for epileptics with behaviour problems should be set up at convenient geographical centres.

(7) Hospitals should help in dealing with the epileptic's socio-economic problems.

(8) Hospitals should co-operate with all other agencies concerned with those problems, and should consider establishing "resettlement clinics."

(9) Children suffering from epilepsy should as far as possible be educated at ordinary schools.

(10) The greatest care must be taken that children are not unnecessarily "labelled" as epileptics.

(11) The decision to send a child suffering from epilepsy to a special school should be taken only after assessment at a hospital diagnostic clinic.

(12) The general practitioner should inform the School Medical Officer of any child with epilepsy who is about to attain school age and is to attend an ordinary school.

(13) When a special school is associated with an epileptic colony, it should as far as possible be kept separate from the rest of the colony.

(14) When the educational requirements of a child with epilepsy are being assessed, the services of an educational psychologist should be available.

(15) Long-stay hospital units should be established for epileptic children with exceptionally bad behaviour disorders.

(16) Where an epileptic patient requires long-term instutional care, the type of institution should be chosen in accordance with the nature of his major disability, which may or may not be epilepsy.

(17) The functions of the epileptic colonies should be as much therapeutic as custodial; they should be concerned with the medical care, and also with the rehabilitation and return to normal life, of their patients.

(18) It would be desirable for the epileptic colonies to provide vocational training, and to pay an economic wage for the work done.

(19) The epileptic colonies would be able to play their optimal role in a unified national plan for the management of the epileptic if they became by law a part of the National Health Service.

(20) Failing legislation of this nature, informal arrangements should be made to secure the association of the epileptic colonies with the hospital service.

(21) Hospitals, epileptic colonies and general practitioners should always give the Disablement Resettlement Officer full and frank information about the disabilities and capabilities of an epileptic requiring employment.

(22) Consideration should be given to establishing hostels for epileptics who are employed, but still need continuing supervision.

(23) The domicilary services of local health and welfare authorities should be extended.

TUBERCULOSIS

Ministry of Health Circular No. 8/54

During 1954 the Ministry issued the above circular under the heading "Prevention of Tuberculosis." While I referred to its implications in my Annual Report for that year, I think I had better mention it again this year in view of its importance. The circular was addressed to Medical Officers of Health and with it was enclosed a memorandum on this subject intended for the information of Medical Officers of Health and Chest Physicians. The memorandum reviews the value of the existing measures designed to bring the disease under control. Attention is drawn to the fact that the rapid decline in the death rate from tuberculosis in recent years has not been accompanied by a corresponding decline in notifications and that this indicates the need for intensifying the various preventive measures. The figures for Derbyshire will be seen on page 40 and it will be noted that in this County there has been a decline in both the number notified and also the number of deaths.

The first objective, the memorandum states, in the prevention of spread of the human type of bacillus, must be to find every person with an active infection and, having found and made available to him such treatment as is necessary, there is a further obligation on the Local Health Authority to ascertain, if possible, where he obtained his infection and whether he has infected others. It was felt that if as much effort was put into tracing the source of tuberculous infection as is put into finding out the origin of a typhoid outbreak or tracing the contacts of a smallpox patient, the decline in incidence would be accelerated. The preventive measures to be taken, therefore, are concerned first with the individual case discovered, secondly with the contacts of that individual and, thirdly with such general preventive measures as are provided, for instance, by B.C.G. vaccination or by radiographic or skin test surveys for the ascertainment of infected persons.

The circular refers especially to the tracing of infection in schools and the following is a quotation from paragraph 10 :—

> "For example, individual cases of primary tuberculosis or of adult type pulmonary tuberculosis in children seen at the chest clinics may be found to lead back to classes in which skin testing will show a high level of tuberculin sensitivity and possibly lead to the detection of hitherto unknown adult or child sources of infection in a school as well as to children needing treatment. This is a special example of the investigation of contacts of new cases detected through the ordinary chest clinics. The object is to detect primary infections as early as possible."

The circular concludes with a paragraph headed "Need for Collaboration" which is as follows :—

> "A satisfactory scheme for the prevention of tuberculosis depends on a number of people. The primary responsibility rests upon the Medical Officer of Health working with and through the chest physician, family doctor and industrial medical officer. It is essential that there shall be regular consultation and close contact between them and that other local health authority and local authority staffs shall collaborate to the full. It is particularly important that the general practitioners of the area shall be fully informed ; the family doctor has unique opportunities to advise patients and their families and he is, of course, the vital discoverer of the early case. No campaign which is not fully explained to and supported by the general practitioners can succeed. The health visitor or tuberculosis visitor obviously has a most important part to play, but the sanitary inspector, housing manager, social worker—whether employed by the hospital or local health authority—the district nurse, and the school teacher are all concerned, as is the Medical Officer of Health in his capacity of school medical officer. Unless the campaign is actively supported by everyone complete success is impossible."

There is a final summary which is quoted below :—

"1. The decline in the death rate of tuberculosis without a corresponding decline in notifications indicates that the tempo of prevention must be accelerated.

2. More investigation should take place in order to discover :

(*a*) The source of infection of a new case ;

(*b*) Contacts, by the follow-up both in the home and place of work or school.

3. The opportunity now exists for B.C.G. immunisation of contacts, and where the Local Health Authority so decides its use by local health services for certain ages in the child population.

4. Skin testing of children should be developed as an indicator of infection in their adult contacts.

5. More selective use should be made of mass miniature radiography.

6. Medical officers should undertake intensive local studies wherever unusual findings occur."

Bacillus Calmette Guerin—(B.C.G.) vaccination against Tuberculosis.

This form of vaccination was dealt with at some length in the Annual Reports for 1949-1953. Briefly the Ministry of Health has arranged for the vaccine to be available to individual Chest Physicians who wish to use it on their own medical responsibility. The type of cases dealt with is largely children who are contacts of cases of pulmonary tuberculosis, but in addition a small number of Hospital nurses are vaccinated.

Supplies of the vaccine became available in 1950. The number of persons vaccinated during the last five years is as follows :—. .

1950	.. ..	38
1951	.. ..	164
1952	.. ..	195
1953	.. ..	269
1954	.. ..	379
1955	.. ..	387

Vaccination against Tuberculosis in Childhood

Vaccination by B.C.G. against tuberculosis has been carried out in the County by the Chest Physician on "Contacts" for some five years past. In November, 1953 the Minister of Health stated that he was prepared to agree to Local Health Authorities, in consultation with the Local Education Authority, extending their approved schemes to include the vaccination of older school children in and if possible towards the end of the year preceding their fourteenth birthday. It was stated that any proposed new scheme should not prejudice the existing scheme for the vaccination of contacts.

A full report was submitted to the Joint Medical Services Sub-Committee in December, 1953, when it was decided not to extend B.C.G. vaccination to thirteen year old school children. At that time a national trial of B.C.G. and other anti-tuberculosis vaccines was in progress and it was felt undesirable to anticipate the results of the experiment. The case for and against B.C.G. was put forward to the committee at considerable length, but I concluded my report as follows :—

"I would like to quote from an article that appeared in *The Medical Officer* on 2nd May, 1953, by Dr. Chalke (which, in fact, was the 1952 Prize Essay of the National Association for the Prevention of Tuberculosis) as it pretty well sums up my views at the moment on B.C.G.:—

'The Local Health Authority is empowered under Section 28 to formulate schemes for vaccination with B.C.G.: Ministry of Health Memorandum 322/B.C.G. gives details. Vaccination may be given only to known contacts, who are tuberculin negative, and who are at risk of infection. Despite the stupendous—and ever increasing—extent to which B.C.G. is being given throughout the world, it has to be regarded for some time longer as being in the experimental stage, awaiting a statistically acceptable, properly controlled investigation. The medical literature in almost every tongue is packed with records of the comparative mortality and morbidity of the vaccinated and unvaccinated groups, which appear to favour the former overwhelmingly ; yet many assert that the control groups are not strictly comparable. Drolet and Lowell show that where B.C.G. has not been included in the preventive scheme the mortality from tuberculosis in childhood has diminished as much or even more than in places where it **has** been used. Others like Wangensteen go even further, voicing the belief that 'there is not a particle of evidence' that B.C.G. gives an acquired immunity and that apart from its occasional use in revealing innate resistance in nurses who are heavily at risk, there is little to be said for it. Few would wish to share this despondent outlook, and it is essential that on the eve of the day when B.C.G. will probably be used in this country on a much larger scale, an anti-vaccinationist group should not be created : but to hasten slowly is not to condemn. Medical Research Council trials are now proceeding under expert guidance ; who is there who does not look forward to their conclusions with the 'true and amiable philosophy of optimism'?"

At the time I was drafting this Annual Report the Ministry of Health issued Circular 14/56, dated 27th July, 1956, in which reference is made to Circular 22/53, where the Minister expressed his willingness to approve proposals by local health authorities to offer B.C.G. vaccination against tuberculosis to 13 year-old children. The circular then continues as follows :—

"The authority will recollect that this age was chosen because it enabled the great majority of children to be vaccinated in what was their penultimate year at school and to leave school with such protection as the vaccine afforded. The decision whether or not to offer vaccination to these children was left to each authority.

2. The Minister realised when this circular was issued that some authorities would wish to await the results of a large scale trial undertaken by the Medical Research Council on the effect of the vaccination of children aged 14 to 15. These children were vaccinated between 1950 and 1952 and have been kept under observation since the date of their vaccination. The first report of the Medical Research Council's Committee on Tuberculosis Vaccines* has now been published and shows that vaccination offers a substantial degree of protection when given to children of this age. It is nevertheless recognised that until there has been a longer follow-up of children in the trial it will not be possible to assess whether the protection afforded by the vaccine persists throughout the period of risk in adolescence. The report specifically endorses the value of the vaccination of children between their 13th and 14th birthdays.

3. The Minister has noted that not all local health authorities have yet taken power to offer BCG vaccination in accordance with the arrangements set out in Circular 22/53 and that other authorities, although they have taken the necessary powers by amending their approved proposals, have not made full use of their powers. The Minister appreciates that in both cases authorities may have been awaiting the publication of the report of the Medical Research Council's Committee. Now that the report has confirmed the value of the vaccination of children between their 13th and 14th birthdays the Minister feels that those authorities who have not yet taken power to offer the protection afforded by the vaccination to school leavers should now do so, and that those authorities who have not hitherto made full use of their powers should intensify their efforts with a view to securing the vaccination of a larger number of school leavers in their area.

4. In the case of those authorities whose approved proposals do not allow for the provision of B.C.G. vaccination for school children, the Minister would suggest that an amendment to the proposals should follow the model form shown below.

> 'The Council will also make arrangements to offer BCG vaccination to any other classes of person as may be approved from time to time by the Minister of Health.'

The adoption of an amendment on these lines, which provides for the extension of B.C.G. vaccination to other sections of the population as may be approved by the Minister, will obviate the necessity of the submission of further amendments if arrangements for the further extension of this form of vaccination to other classes of the population are contemplated in the future."

* Brit. Med. J. (1956) 1,413.

When the appropriate Committees of the County Council have had an opportunity of considering the implications of the Circular I have no doubt they will take the necessary steps for implementing its various recommendations, particularly as the first report of the Medical Research Council's Committee has now shown that vaccination offers a substantial degree of protection when given to children between their 13th and 14th birthdays.

Consultant Chest Physicians.

For some years past reports from some of the Consultant Chest Physicians have been included in this part of my Annual Report. The Consultant Chest Physicians who are responsible for the major part of the County are Dr. T. A. Blyton, whose Headquarters are at Chesterfield, and Dr. H. Morrow Brown, whose Headquarters are in Derby. It will be appreciated that as the Chest Physicians are employed by the Regional Hospital boards as well as by the Local Health Authority, the areas which they cover do not always conform to Local Government boundaries.

Parts of the County are covered by other Consultant Chest Physicians ; in the north-west, areas are under the control of Dr. E. R. Smith and Dr. E. Ratner, whose headquarters are in Stockport and Ashton-under-Lyne respectively ; and the area adjoining Sheffield is under the control of Dr. H. Midgley Turner.

In February 1956 I wrote to a few of the Chest Physicians who are responsible for substantial areas of the County in the following terms :—

"Annual Report for 1955.

Tuberculosis Service.

I should be pleased if Chest Physicians would again kindly provide a report on the Tuberculosis Service in a form suitable for inclusion in my Annual Report. The Ministry of Health has indicated (Circular 17/55) that the Report should follow the general lines and include the information asked for in the previous year. You will remember that previously the Minister has requested information on the lines set out in the Circular on Annual Reports for 1953. An appropriate extract is again given below for ease of reference :—

'special reference should be made to the preventive care and after-care service as a means of controlling tuberculosis. In particular the report should give information as to the extent of ascertainment of contacts of known cases of tuberculosis, showing if available, the number of contacts examined in relation to the number of notified cases in recent years ; any comments which can be made on the employment conditions of known cases of tuberculosis in relation to their own health and that of fellow employees ; the steps which are taken to follow up deaths of persons whose tuberculous disease was not notified during life; the working of any schemes to ascertain and follow up early cases among children and others ; any special case-finding surveys in the whole or part of the area.'

Attached are statistical details of cases reported to the Authority by formal notification or otherwise. Separate figures are now given for the north-west of the County which falls in the area of the Manchester Regional Hospital Board and comprises the administrative areas of Buxton Municipal Borough, Glossop Municipal Borough, New Mills Urban District, Whaley Bridge Urban District and Chapel-en-le-Frith Rural District.

It would be appreciated if you could let me have your report as early as you can."

The statistical details to which reference is made above are shown in Tables X and XI except that in Table X the figures were only shown as from 1950 to 1955 inclusive.

I am grateful to Dr. T. A. Blyton for the following report :—

Annual Report of the Consultant Chest Physician.
North Derbyshire Area.

"During the year there were 12,132 attendances at the Clinics in the area. Of these, 1,997 were new cases, sent up for the purpose of diagnosis and possible treatment. Pulmonary tuberculosis was found to exist in an active state in 88 patients, 34 of whom were positive cases on the first examination of sputum by direct smear.

The majority of persons referred to the Clinics were found to be suffering from the results of acute respiratory infections which would be likely to rapidly clear up, but in whom, other and more serious conditions could not be excluded without chest radiography.

Out-Patient Investigations.

Seventy-five bronchoscopies were done, which resulted in the establishment of a diagnosis of carcinoma of lung in forty-six cases, of which eight only were operable. Biopsy specimens showed the nature of the tumour in most of these.

Sixty-two bronchograms were done, some on cases of suspected neoplasm where bronchoscopy proved to be negative and the remainder on cases of suspected bronchiectasis.

Besides these investigations many other minor procedures were carried out such as tomography and aspiration of chest.

Treatment.

Long term chemo-therapy has become the treatment of choice in all cases of pulmonary tuberculosis ; it has been used here for the last five years. However, in certain cases, the damage already done to lung tissue, prior to the commencement of treatment, has resulted in the occurrence of irreversible changes which often prove a menace to the future safety of the patient. It is in such cases that chest surgery is of great value.

During the year 365 patients were admitted to Walton Hospital for treatment, 225 of whom were tuberculous. 140 patients were admitted for treatment of such conditions as chronic bronchitis with emphysema, neoplasms of lung, pneumoconiosis etc. Surgical treatment of tuberculous patients included ten lobectomies, 36 resections of lung of less than a whole lobe and 4 pneumonectomies.

16 stages of the Thoracoplasty operation were also done on 8 patients. The total number of major surgical operations performed at this Hospital was 73.

Many of the minor forms of auxiliary treatment for respiratory tuberculosis were also carried out. In this connection, I would like to record the good results obtained over the last four to five years with treatment by means of well maintained pneumoperitoneum together with prolonged chemo-therapy.

Case Finding.

Contact examinations have numbered 5.4 per diagnosed case during the year and this figure excludes school surveys in cases of childhood tuberculosis. However, there are still far too many problem families in this part of the County who refuse to come for examination. I am convinced, that a more complete examination of all contacts and a lowering of the number of cases of tuberculosis which are "lost sight of" could be accomplished if the Chest Clinics had their own Health Visitors attached to them. As it is, a good relationship exists between the Health Visitors and the Chest Clinics in the area, but the fact that so many places in the County are without Health Visitor Services, makes it more desirable that a Health Visitor should be attached to the Clinics of North Derbyshire for tuberculosis work alone.

Vaccination against Tuberculosis.

The best known vaccine viz. B.C.G. was developed over thirty years ago by Calmette and Guerin and was first used in man by Weill-Hallé in 1921. This is in use in Derbyshire to vaccinate suitable contacts and such persons, other than contacts, who are desirous of obtaining special protection against the effects of infection with the tubercle bacillus. There is, as yet, no scheme in the County for Mass Vaccination against tuberculosis, such as now exists against diphtheria and poliomyelitis. This omission is due to the fact that until recently much of the evidence of the efficacy of B.C.G. could be legitimately criticised, and although its use could be justified in cases of special risk, there appeared to be no place for it on a larger scale, until more knowledge of its value in protection against tuberculosis morbidity was forthcoming.

The first report of the Medical Research Council's controlled clinical trial of tuberculosis vaccination in adolescents has now been published. It firmly establishes the short-term efficacy of B.C.G. in children between fourteen-and-a-half and seventeen years of age, and shows a reduction of the incidence of tuberculosis in those previously uninfected to about one-fifth of what it would otherwise have been.

In considering the problems of an extension of the use of B.C.G. vaccination to adolescent non-contact cases, we have to bear in mind the infectivity and morbidity rates of tuberculosis in 'school leavers' and in persons under twenty-five years of age. Thus, at age fifteen years, 34% of children in North Derbyshire have been infected with the tubercle bacillus and at twenty years of age,

56% of persons have been infected. However, between these age groups, the number of persons requiring Hospital treatment for tuberculosis resulting directly from primary infection is 27% of all active cases. It appears that primary tuberculous infection occurring between fifteen and twenty years of age, is extremely dangerous and gives rise to a comparatively high percentage of morbidity.

Such a scheme for anti-tuberculosis vaccination of school-leavers, will involve an immense amount of work and some considerable expense and may not be within the bounds of possibility at the moment. It would, however, help to shed light on the epidemiology of the disease in the County and help in finding sources of infection by the examination of the contacts of severe tuberculin reactors.

Conclusion.

It is gratifying to note that again during the year there has been an appreciable fall in the number of persons in the County notified as suffering from pulmonary tuberculosis. The disease is still, however, far from being under complete control. It causes far too great an amount of personal and family suffering to be written off as of no importance at this stage, although the mortality rate from the disease has fallen to the low figure of 16 per 100,000 persons at risk.

My thanks are due to Dr. J. B. S. Morgan and his staff for their valued help and advice in the work of preventing the disease and to the many other friends of tuberculous patients, such as the British Red Cross and the Chesterfield Hospital Welfare Association."

It is apparent from Dr. Blyton's opening paragraph that many more cases are now being referred "on suspicion" when we read that almost 2,000 new cases were examined to find 88 cases of active pulmonary tuberculosis. It is also interesting to note that of 365 admissions to Walton Hospital for treatment, 140 were non-tuberculous. It is not many years since there was a months-long waiting list for cases of tuberculosis.

When a figure of 16 per 100,000 persons is mentioned as the mortality rate Dr. Blyton is not speaking of Derbyshire as a whole because the rate in this County is only 13.

With reference to Dr. Blyton's suggestion that chest clinics should have "their own Health Visitors" I would mention that in September, 1953 the Ministers of Health and Education for England and Wales and the Secretary of State for Scotland appointed a Working Party with the following Terms of Reference :—

"To advise on the proper field of work, the recruitment and training of Health Visitors in the National Health Service and School Health Service."

The following comments on the Working Party's Report appeared in the *British Medical Journal* of 16th June, 1956.

> "No witness came out strongly in favour of specialisation, and it was deprecated by the working party. It means an increase in multiple visiting of homes, and not infrequently the stigma attached by neighbours to the 'special visitor'—the suggestion of uncleanliness or infection. As to tuberculous patients, there was no doubt about the health visitor's important part in educating them and their families about the nature of the disease and the prevention of infection, in tracing contacts and persuading them to attend for examination, and in supervising arrangements in the home for the care of the patient. Most witnesses regarded the health visitor as the practical welfare worker, but the British Tuberculosis Association had different views, desiring a wholly specialised staff permanently based on clinics and carrying out the duties of a hospital out-patient nurse. In favour of this they were prepared to forgo the advantages of the health visitor's training and her knowledge of family life. The working party strongly supported the view that the health visitor had an important function to perform in the home supervision of tuberculous patients."

The above is quoted to show that while the Working Party deprecated specialisation the British Tuberculosis Association holds a contrary view. Personally I favour the "all-purpose" Health Visitor as do, I believe, the majority of my colleagues in the Public Health Service.

There is a nation-wide shortage of qualified Health Visitors but if doctors favour special visitors for just one disease, such as, tuberculosis, diabetes, etc., then I think a State Registered Nurse without the additional midwifery and health visiting qualifications is all that is necessary.

Transfer of Clinics.

The Derby No. 2 Hospital Management Committee extended their premises in Green Lane, Derby, to provide a central consultative Chest Clinic to combine the Clinics previously provided by the Derby Borough and the County Authorities. Consequently the Chest Clinic previously held in the County Offices Yard, St. Mary's Gate, Derby, was transferred to Green Lane, in June 1955. The same Hospital Management Committee erected a new block at Whitworth Hospital, Darley Dale, for dealing with outpatients, including a new X-ray Department. It was therefore decided by the Hospital Authorities that the Chest Clinic should be in the same building rather than at the County Clinic, Dean Hill House, Causeway Lane, Matlock. The transfer also took place in June 1955. The advantage of this move is that patients will be able to be medically examined and X-rayed in the same premises.

Mass Radiography.

This service is provided by the Regional Hospital Boards, and whilst there is not a Unit based in Derbyshire the following four Mobile Mass Miniature Radiography Units operate within the County from time to time :—

Sheffield Regional Hospital Board.
- Nottingham Area No. 2 Unit, based on Nottingham.
- South Yorkshire Area Unit, based on Doncaster.
- Sheffield Area Unit, based on Sheffield.

Manchester Regional Hospital Board.
- Unit No. 3, based on Stockport.

In addition there are static Units in Nottingham and Sheffield to which cases may be referred. Occasionally Units from other Regional Hospital Boards visit the County to carry out special surveys when the Unit normally covering the area cannot include the survey in its immediate programme.

Close liaison has been established between the Medical Directors of the Units, the County Medical Officer, and District Medical Officers. This is particularly the case when the Units carry out specific investigations with a view to tracing the source of infection e.g., in schools.

It will, of course, be understood that it is not possible to give accurate figures of the number of Derbyshire residents who avail themselves of the service, as surveys are often carried out at places bordering the county, when people from both Derbyshire and neighbouring areas may be examined. However, the Medical Directors of the Units have given me particulars of the surveys carried out in the County and set out below are summaries of the work done. Complete results of the surveys are, of course, not immediately available, as some time must elapse before the full investigations are known.

During 1955 the Mobile Unit based on Nottingham carried out thirteen surveys in the southern and central parts of the County. Dr. W. Guthrie, Medical Director in charge of the Unit, kindly provided statistics of each of these surveys, from which the following information has been extracted :—

	Males	*Females*	*Total*
General Public, Employees, and Training Colleges	12,949	6,570	19,519
School Children	2,110	2,154	4,264
Total	15,059	8,724	23,783

Of the 23,783 persons examined 60 were classified as tuberculous. This gives a rate of 0.25% (2.5 per 1,000). The details are shewn in the following table :—

	Males	*Females*	*Total*
Active Pulmonary Tuberculosis	4	1	5
Observation Pulmonary Tuberculosis	28	11	39
Inactive Pulmonary Tuberculosis	9	7	16
Total	41	19	60

Fifty-four were found to have an abnormality of a non-tuberculous nature, and were referred to Chest Physicians for observation.

The comparable figures for 1954 were 31,210 persons examined, 92 were classified as tuberculous, giving a rate of 0.29% (2.9 per 1,000) and 54 were found to have an adnormality of a non-tuberculous nature.

In industrial groups the average response rate was 55% and in organised groups of school children the average response was 84%, whilst for Training Colleges the response was 100%.

Dr. W. J. Wilson, Medical Director of the Sheffield Area Mass Radiography Service, organised two Surveys in Chesterfield during the year, one industrial in June, and the other for the general public and school children in July. He has kindly supplied summaries of these Surveys, from which the information contained in the following tables has been extracted :—

	Males	*Females*	*Total*
General Public	1,428	1,786	3,214
School Children	1,004	839	1,843
Organised Groups..	433	485	918
Industrial Groups	1,174	789	1,963
Total ..	4,039	3,899	7,938
Chesterfield Chest Clinic—			
Suspected tuberculosis..	15	5	20
Non-tuberculous	9	5	14
General Hospital for further investigation	5	3	8
Patients own Doctor (other conditions)..	71	43	114
Total ..	100	56	156

The Mass Radiography Unit based on Stockport, under the direction of Dr. J. Rimington, carried out two surveys in the County, one at Whaley Bridge, and the other at Tideswell. (Dr. Rimington has kindly agreed to my including details from his report).

With regard to the survey at Whaley Bridge, Dr. Rimington states that "11 local firms were approached and all co-operated." The number of persons examined was as follows :—

	Males	*Females*	*Total*
School children and Staff	80	27	107
Factory/Office Workers and General Public	722	808	1,530
Total	802	835	1,637

The results of the survey shew that one case required treatment for tuberculosis, 9 required occasional supervision, and 6 healed cases of tuberculosis were discovered. Thirteen other cases were found to have abnormalities of a non-tuberculous nature.

Dr. Rimington adds "the number of examinees represents about 40% of the population available for X-ray examination."

"In view of the relatively small numbers involved little comment can be made on the tuberculosis incidence, except to note that the rate is low as would be expected in a mainly rural and residential community.

The value of the Survey is not measured exclusively in terms of the number of active infectious cases of tuberculosis discovered, but also by the other abnormalities brought to light, such as the cardiac defects, benign tumours and bronchiectatic lungs whose early discovery leads to more efficient treatment."

At the Tideswell Survey 534 members of the general public were examined, and 77 school children and staff. The survey revealed one case of tuberculosis requiring treatment, one required observation, and one a healed case of tuberculosis. In addition 7 abnormalities of a non-tuberculous nature were discovered.

The South Yorkshire Unit undertook a certain amount of work in North-East Derbyshire. Dr. V. E. Sherburn, the Medical Director, kindly supplied a Report on the work of his Unit for 1955. It will be understood that many of the Surveys carried out by this Unit are outside Derbyshire; nevertheless Dr. Sherburn's remarks are of interest, and no doubt apply in a general way to his work in this County.

With his permission the following appropriate excerpts from his Report are given :—

"*Surveys Carried Out.*

During the year the Unit carried out 30 surveys throughout the area. This figure comprises 8 factory visits, 4 collieries (which owing to situation could not be considered convenient to the public), Worksop College and 17 surveys available to the Public in Miners' Welfare Halls, conveniently placed Collieries, Church Halls, etc.

Public Sessions.

The practice of offering our facilities to the general practioners of the district at each location was continued, as was the new routine examination of all school children of thirteen years of age attending schools in each area visited.

Encouragement was also given for the examination of ante-natal women—in accordance with recent Ministry policy—and on two occasions in Doncaster and Worksop—special sessions were held for this purpose. The practice of arranging such sessions regularly has the tendency of converting a fairly mobile unit into a static one, which though fully practical and desirable in a centre of population such as Doncaster is somewhat uneconomic in peripheral places of small population which are normally only visited at a 2/3 year interval. When visiting the latter places, however, such special groups who are available are actively encouraged to attend.

Policy.

Further attention has been given to factory visits with a view to making these more economical both from the point of view of the Unit and the factory.

On several occasions it has been possible to arrange for whole factories to be screened by miniature film only prior to operating public sessions at a main centre, and it is here where the recalls have been further examined.

Co-operation.

We have continued to receive full co-operation from the Medical Officers of Health, Divisional Medical Officers, National Coal Board Medical Officers and all sides of industry, and must record our thanks to the various bodies—Miners Welfare Committees and others—who allow us the use of their halls, often at the expense of their own activities.

Once again I must express my thanks to the Chest Physicians, Thoracic surgery teams and General Practitioners for their help and co-operation throughout the year".

"The proportion of adults attending a Mass X-ray Unit for the first time shews an understandable decrease—36.07% of the total attendances this year as against 39.36% in 1954—but remains a satisfactory reflection of our propaganda when it is considered that these peop.e taking advantage of the service for the first time at this late date, are in fact, the people who have viewed the earlier visits of the Unit to their area either with suspicion or disinterest."

The tables of statistics appended to Dr. Sherburn's Report are not given, as it will be realised, from what has been said above, that the majority of persons X-rayed by the Unit are not Derbyshire residents.

The Unit actually carried out 7 surveys in the County. A total of 7,821 persons were X-rayed, and 6 active cases of tuberculosis were discovered.

Towards the end of 1954 a request was made for a Survey to be carried out in the Sudbury area. As the Unit normally covering that part of the County could not include the survey in its immediate programme, mutually satisfactory arrangements were made for a Unit based at Stoke-on-Trent, and under the direction of Dr. E. Posner to carry out the Survey. The Survey covered H.M. Prison at Sudbury, an Army Depot, school children, and the general public.

The following details were kindly supplied by Dr. Posner :—

	Number X-rayed.		
	Males	*Females*	*Total*
School Children	257	223	480
Adults	574	296	870
Total	831	519	1,350

Two children and two adults were referred to the Chest Clinic as presumably active cases of tuberculosis.

A total of 42,529 persons was x-rayed while the units were operat- in the County. These may not all have been Derbyshire residents, but on the other hand a number of Derbyshire people may have been

examined when the units were functioning near the County boundary. Of the total number of persons x-rayed, approximately 6,700 were children.

Definite results are difficult to assess due to some extent to the time taken to arrive at a diagnosis. Furthermore it was originally understood that Units should merely "screen" the population examined and refer patients in whom any abnormality was discovered for further investigation after consultation with their own family practitioner. However, a perusal of the statistics supplied by the Medical Directors of the Units indicate that much valuable work is being done.

The number of persons x-rayed each year from 1951 when the units first commenced large scale operations in the county, are as follows :—

Year.	*Number of persons x-rayed.*
1951	31,312
1952	30,406
1953	35,460
1954	54,411
1955	42,529
Total	194,118

Occupational Therapy for Patients suffering from Tuberculosis

In agreement with the County Welfare Committee the Craft Instructors of the Welfare Department also give instruction to tuberculosis patients, on the recommendation of a Chest Physician, the County Health Committee being responsible for the cost in salaries and travelling expenses.

National Association for Prevention of Tuberculosis.

This is a Voluntary Body dedicated to the eradication of tuberculosis. It provides literature and educational material which is frequently of use in this County and arranges Conferences and Courses on the subject of tuberculosis.

The County Council has, for some years, made an annual grant to the Association.

Sherwood Village Settlement.

Mention has been made in previous reports of this Village Settlement which has been administered by the Nottinghamshire County Council for many years. At the beginning of 1955 there were two full settlers already in residence, for whom the Derbyshire County Council had accepted responsibility, while a third patient was admitted during the year. There is always a very small demand for village settlement life and the numbers remain "on the fingers of one hand."

Rehabilitation, Training and Employment of Tuberculous Persons.

A leaflet on this subject has been issued by the Ministry of Labour which mentions the Sherwood Village Settlement referred to above.

There are, in all, seven village settlements : four being provided by private bodies and three by Local Authorities. The leaflet is addressed to Chest Physicians and concludes with the following remarks —

> "This leaflet has attempted to show, very briefly, that there are valuable training and employment services available to tuberculous persons. Complete information on all the facilities provided by these organisations is available from any local Office of the Ministry of Labour. It is possible, however, that in some parts of the country persons who could make good use of these facilities do not get to hear about them, or only hear about them when they have already wasted a lot of time during and after convalescence. It is in this respect that the Chest Physician can do a great deal to help by letting his patients know in good time about the services described in the foregoing paragraphs, and by referring suitable patients to the D.R.O. for advice on their training and employment prospects."

The leaflet has much which is of interest to persons working in the field of tuberculosis. The Ministry of Labour are, of course, concerned with sufferers from this disease because they are often registered as "Disabled Persons," that is, persons who on account of injury, disease or congenital deformity are substantially handicapped in obtaining or keeping employment or in undertaking work on their own account. The leaflet states :—

> "An analysis of the Register of Disabled Persons in April, 1955, showed that there were then 827,102 persons on the Register, and for 58,555 of these the disability for which they were registered was respiratory tuberculosis. At the same time it was found that there were 2,890 tuberculous persons on the "Disabled Live File" (i.e., the Register of unemployed disabled persons), 2,784 of whom were considered to be fit for any ordinary employment, and 106 to be unlikely to obtain employment except under sheltered conditions. Thus 4.9 per cent of the persons in the respiratory tuberculosis category of the Register were unemployed, which is not a specially high rate."

The machinery laid down for implementing the scheme is set out in paragraph (3) which reads as follows :—

> "At every local office of the Ministry of Labour there is a Disablement Resettlement Officer (D.R.O.), whose duty it is to help disabled persons with their employment problems. In his dealings with tuberculous persons, a D.R.O. follows detailed instructions laid down by the Ministry. As Chest Physicians will know, whenever a patient is discharged from a sanatorium or tuberculosis unit, it is the practice for a report to be sent by the Medical Superintendent to the Chest Physician in the patient's home area, who is thus in a position to furnish a medical report on any tuberculous person formerly in a sanatorium and now under his care. Arrangements have been made by the Health Departments for Chest Physicians to notify the following cases with the patient's consent to local offices of the Ministry of Labour :

(*a*) All patients, whether ex-sanatorium or not, considered fit for a measure of employment, who wish to avail themselves of the Ministry's help and/or intend to apply for registration under the Disabled Persons (Employment) Act ;

(*b*) Patients who may not yet be fit for any employment but, nevertheless, wish to have advice about employment prospects, registration and the general facilities available under the Act."

Difficulties peculiar to a chronic infectious type of illness such as tuberculosis are dealt with in Paragraph 8 which is given below :—

"Among the difficulties facing the D.R.O. in placing persons suffering from respiratory tuberculosis are the need for prolonged medical supervision and the possibility of relapse, the difficulty of finding suitable part-time employment during the period of gradual restoration and the widespread fear of infectivity. Yet it has been found that the majority of tuberculous persons fit for employment at all are capable of employment under ordinary conditions (see the figures given in paragraph 2). This is true even of some infectious cases, though extra care is taken in these cases, and the D.R.O. has to consult the Medical Officer of Health as well as the Chest Physician. It is, of course, essential that the employment of infectious persons should be of a kind which does not expose other persons to extra risk and the Medical Officer of Health and Chest Physician will need to consult with the Industrial Medical Officer, where one exists, and the family doctor on the safety of work in which it is proposed to place a patient. One point which it is important to bear in mind is that it is obviously far better that the infectious patient should be placed in suitable work through the official placing service, than that he should be allowed to find his own employment without precaution."

Sheltered employment which, of course, includes Village Settlements, is also explained in the leaflet as follows :—

"Of these establishments the Village Settlements are perhaps the best known and provide the most comprehensive care for tuberculous persons and their families. Some are provided by Local Health Authorities under the National Health Service Act, which empower them to provide care and after care, the others by voluntary bodies. In view of the financial responsibility of the Local Health Authority, the Medical Officer of Health should be consulted before any arrangements to send patients to settlements are made. A settlement usually consists of a hospital block, which treats patients in nearly all stages of the disease and an industrial section where training (and in some cases a measure of industrial rehabilitation) can be given during a prolonged period of recovery. After rehabilitation and training, the trainee may either remain in employment at the settlement as a "colonist" or leave for work outside. An increasing proportion leave for outside work. The training schemes at Village Settlements are financially supported by the Ministry of Labour and National Service, and trainees and

their dependants receive maintenance allowances from the Ministry during the period of training. Local Health Authorities may also contribute under the National Health Service Act."

The paragraph on Industrial Rehabilitation and Training is of particular importance and is given in full below :—

"For persons whose medical prognosis indicates that they are, or may soon be fit to undertake ordinary employment, placing prospects can very often be greatly improved by a course at an Industrial Rehabilitation Centre (I.R.U.) or Government Training Centre (G.T.C.). Industrial Rehabilitation is a dual-purpose process which combines the techniques of preparing an individual for the strains and stresses of work with those of giving vocational guidance as to the right kind of work. It is carried out in the industrial atmosphere of workshops under the care of skilled craftsmen and is guided and controlled by a team of specialist officers which includes a medical officer, an industrial psychologist and a social worker. Throughout the country there are fifteen centres—called Industrial Rehabilitation Units (I.R.U's.)—where this preparation for employment is to be had A course at one them lasts up to twelve weeks, and maintenance allowances are paid to those who attend. Tuberculous persons form one of the largest groups in these Industrial Rehabilitation Units. Special care is taken with them to avoid any strain on their physical resources until, by carefully graduated steps, they have reached the stage where a limited amount of strain can safely be taken. The results obtained with tuberculous persons are very good. Government Training Centres provide vocational training in a large number of trades for persons who have to change their work because of their disability, and tuberculous persons can sometimes start their training on a part-time basis. For example, there is a part-time class in aero-detail fitting at the Perivale Government Training Centre in Middlesex, for men who have sufficiently recovered from tuberculosis to permit them to work for at least four hours a day. The hours are from 8 a.m. to 12 mid-day (Monday to Saturday) and from 12.30 p.m. to 4.30 p.m. (Monday to Friday). Trainees alternate weekly between morning and afternoon shifts and consequently work twenty-four and twenty hours in alternate weeks. Full training allowances are payable and applications are accepted from persons living within daily travelling distance of the Centre in whom the disease has been certified quiescent and non-infectious and who, in the opinion of the Chest Physician, seem likely to become fit for full-time employment within about twelve months and to benefit by starting training on a half-time basis. The Ministry of Labour would be willing to consider making similar arrangements, additional to those already in force, for the attendance of suitable persons either in ordinary classes or, if the numbers justified, in special classes at Government Training Centres in other parts of the country. Neither I.R.U'S. nor G.T.C's. can accept infectious persons for rehabilitation or training."

I would conclude this section of my report by quoting from an excellent article by Dr. D. Thompson entitled "Tuberculosis—The Changing Emphasis," which appeared in June 1956 in the Monthly Bulletin of the Ministry of Health and the Public Health Laboratory Service :—

"Discussion.

The most feasible explanation of the course of tuberculosis, as it has affected England and Wales, is that an epidemic wave spread over the country in the eighteenth century, reaching its peak around 1810. This high incidence was largely brought about by the deterioration in living conditions which arose during the Industrial Revolution. Then people flocked from the country into the towns, where, as is so graphically described by the Hammonds in their classic "The Town Labourer 1760-1832", they lived in squalid, overcrowded dwellings and worked in dark, insanitary factories. In these circumstances, contacts between persons were close, allowing the infection to pass freely. Probably, too, the imigrants' nutrition did not reach the same standard as in their former rural surroundings. Most of these workers had no natural resistance to tuberculosis, and so rapidly fell victims to the infection. Budd later noticed the same phenomenon in natives of West Africa, who came to work in the docks at Bristol, and the present-day counterparts are the tuberculin-negative Irish immigrants who come to live in London or in the cities of the industrial Midlands.

Osler reminded that tuberculosis is "a social disease with medical aspects" and Bradbury (1933) in his survey of Jarrow and Blaydon, showed that tuberculosis and overcrowding are statistically related. Poverty was, however, more important and appeared to be a cause of the infection rather than a result. So, it is not surprising that as, in the course of the nineteenth century, housing and general social conditions slowly improved, leading on to better nutrition and a more sensitive communal conscience, the incidence of the infection declined. This fall was, no doubt, also helped by the elimination of those most susceptible ; the isolation of the most infectious ; and a widespread acquiring of natural immunity."

BLINDNESS AND PARTIAL SIGHTEDNESS

For several years the Ministry of Health has requested that the report should contain a short section relating to blind and partially sighted persons.

In 1952 I reported on the number of registered blind persons in the County to the Blind Welfare Sub-Committee of the County Welfare Committee setting out statistics showing the position from 1929-1951. These statistics have been condensed and brought up to date, and are given below so that a record may readily be available of the number of registered blind persons in the County.

TABLE XXVII

NUMBER OF REGISTERED BLIND PERSONS FROM 1929 to 1955.

Year ended 31st December	All ages M.	F.	T.	Year ended 31st December	All ages M.	F.	T.
1929	370	296	666	1942	566	547	1,113
1930	408	333	741	1943	549	552	1,101
1931	413	360	773	1944	560	526	1,086
1932	410	378	788	1945	543	496	1,039
1933	449	401	850	1946	529	487	1,016
1934	488	440	928	1947	510	474	984
1935	529	458	987	1948	503	470	973
1936	553	483	1,036	1949	509	493	1,002
1937	580	503	1,083	1950	542	566	1,108
1938	561	523	1,084	1951	556	596	1,152
1939 (Mar. 31st)	—	—	1,075	1952	589	634	1,223
1940	547	540	1,087	1953	605	681	1,286
1941	567	539	1,106	1954	623	756	1,379
				1955	630	796	1,426

M.—Males. F.—Females. T.—Total.

TABLE XXVIII

INCIDENCE OF BLINDNESS IN AGE GROUPS FROM 1943 TO 1955

Year ended 31st Dec.	Under 5			Aged 5 to 16			Aged 17 to 64			Aged 65 and over			All ages		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1943	2	1	3	8	7	15	270	212	482	269	332	601	549	552	1,101
1944	2	1	3	9	5	14	267	194	461	282	326	608	560	526	1,086
1945	1	–	1	9	4	13	278	194	472	255	298	553	543	496	1,039
1946	1	–	1	11	7	18	258	158	416	259	322	581	529	487	1,016
1947	3	–	3	11	7	18	254	163	417	242	304	546	510	474	984
1948	3	1	4	10	7	17	256	169	425	234	293	527	503	470	973
1949	4	1	5	12	4	16	227	167	394	266	321	587	509	493	1,002
1950	4	4	8	16	5	21	226	181	407	295	377	672	541	567	1,108
1951	3	2	5	15	6	21	233	187	420	305	401	706	556	596	1,152
1952	3	1	4	16	7	23	239	204	443	331	422	753	589	634	1,223
1953	3	2	5	18	6	24	235	203	438	349	470	819	605	681	1,286
1954	4	4	8	21	4	25	238	202	440	360	546	906	623	756	1,379
1955	5	4	9	19	6	25	233	208	441	373	578	951	630	796	1,426

In 1952 I made the following remarks on the statistics then presented and forecast that we could expect a continued increase in the incidence of blindness amongst the elderly.

"In considering the figures, is should be borne in mind that they may not give a true indication of the real incidence of blindness because many factors may be playing a part in ascertainment, for example :—

(1) In years gone by a certain number of persons hesitated to take steps to secure registration, as it involved applying for Local Domiciliary Financial Assistance, whereas they now more readily come forward to apply for National Assistance.

(2) The definitions regarding blindness have been altered from time to time, and as a consequence, some persons at one time may come within, and at another time be excluded from the blind category.

(3) In the past we have known that some patients' names have continued to appear on the register long after they have died or have become de-certifiable after successful operations. To some extent this is dependent on the keenness of the person responsible for following up the cases and maintaining the register, and the amount of expert medical knowledge that has been applied to the task.

(4) The figures vary according to the amount of emigration and immigration of blind persons to areas due to certain factors, such as employment and war.

It is clear, however, that the incidence of blindness, while far less among the young, is far greater among the elderly than it used to be. I think this can be easily explained by :—

(i) the satisfactory measures we have had for dealing with Ophthalmia Neonatorum during the last twenty years and particularly the use of Sulphonamides and Penicillin during the last few years ; and

(ii) people are living much longer today, and as a consequence reach ages when vascular lesions of the eye are more likely to occur.

It seems, therefore, that for some years we can expect a continued increase in the incidence of blindness among the elderly."

It will be seen from the table given above, that there has been a continued increase in the incidence of blindness amongst the elderly as mentioned in 1952, and whilst in the age group 17-64 males predominate, in the age group 65 and over, there are practically 200 more females than males. The decrease amongst the early age groups has not been as great as anticipated. While antibiotic treatment has successfully dealt with Ophthalmia Neonatorum, once a notable cause of blindness in the newly born, we are now faced with a number of cases of a condition known as "retrolental fibroplasia." Three cases were reported in 1954 and one in 1955. It has been suggested that this condition is due to the excessive amount of oxygen being administered to premature infants, particularly at hospital units. Work in this Country has tended to suggest that premature infants born and nursed at home have not suffered to anything like the extent as those nursed in hospital, where oxygen is much more readily available.

In addition, Professor Arnold Sorsby, in a report on "The Causes of Blindness in England—1948-1950" states "The percentage of borderline cases registered in the earlier years was considerably lower than in the registrations in 1948-1950. There is apparently a greater readiness for examining surgeons to certify such patients as blind."

The standard form of medical report and certificate (form B.D.8) has been used in this county for some years and wherever possible arrangements are made for ophthalmologists of consultant status to examine applicants for registration and complete the forms. As they contain information of a medical and confidential nature they are interpreted in the County Health Department and with the written consent of the persons concerned, particulars on broad lines are transmitted to the County Welfare Officer for registration purposes.

During the year under review, forms B.D.8 were received in respect of 319 persons, and of this number 272 were certified blind or placed in the partially sighted category; 28 were re-examinations and the persons concerned remained in the blind or partially sighted group; and 19 were certified not blind or partially sighted.

TABLE XXIX

A. FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS.

	Cause of Disability				
	Cataract	*Glaucoma*	*Retrolental Fibroplasia*	*Others*	*Total*
(i) Number of cases registered during the year in respect of which Section F of forms B.D.8 recommends :—					
(*a*) No Treatment ..	72	10	2	70	154
(*b*) Treatment (Medical, Surgical or Optical)	63	11	—	44	118
(ii) Number of cases in (i) (*b*) above which on follow-up action have received treatment ..	20	7	—	13	40

B. OPHTHALMIA NEONATORUM.

(i) Total number of cases notified during the year 6
(ii) Number of cases in which
(*a*) Vision lost .. .. –
(*b*) Vision Impaired .. .. –
(*c*) Treatment continuing at end of year .. .. .. –

The following table shows the number on the register of Blind Persons for the last five years.

TABLE XXX

Year Ended 31st March	0–4	5–10	11–15	16–20	21–30	31–39	40–49	50–59	60–64	65–69	70—	Total
1950	6	6	11	10	36	50	78	123	81	120	501	1,022
1951 .. .	5	8	12	8	34	52	83	126	88	114	556	1,086
1952	6	9	9	11	29	60	90	131	93	122	607	1,167
Year Ended 31/12/52	4	10	12	13	28	61	91	134	99	139	632	1,223
31/12/53	5	13	11	16	29	59	86	149	99	143	676	1,286
31/12/54	8	16	9	18	31	63	87	147	94	140	766	1,379
31/12/55	9	16	9	18	27	58	89	152	97	133	818	1,426

The Ministry have asked that particular reference should be made to Cataract and Glaucoma in old people and Retrolental Fibroplasia in premature infants. Statistics with regard to Cataract and Glaucoma prior to 1953 are not readily available, but the following table shows the number of persons suffering from these diseases who were registered as Blind or Partially sighted in the years 1953 to 1955, which clearly indicates that these diseases are more prevalent in the upper age Groups.

TABLE XXXI

		Under 50	50–60	60–70	70–	Total
Cataract	..1953	14	5	32	126	177
	1954	10	9	22	145	186
	1955	1	5	19	110	135
Glaucoma	..1953	1	1	7	11	20
	1954	—	3	3	8	14
	1955	1	1	5	14	21

Two cases of blindness due to Retrolental Fibroplasia were registered in 1955. One child was born at home in 1953 and subsequently nursed for prematurity in Hospital, the other child was born prematurely in a Maternity Home in 1952.

It is thought that the following excerpt from an excellent report by Professor Arnold Sorsby and published by the Ministry of Health in 1956 on "Blindness in England—1951-1954" might prove of interest :—

"Changes in the causes of blindness.

Substantial data on the causes of blindness are available from the analysis of blind certificates for the years since 1933, and there are additional data for children for some years further back.

(*a*) *Data from Blind Certificates.*

Allowing for the fact that the data for 1933-43 are based on a less satisfactory sample than those for the subsequent years, it is seen from Table 32 that substantial changes have occurred in the causes of blindness between 1933-43 and 1951-54. The intervening period, 1948-50, on the whole gives intermediate figures between the two extreme periods. The outstanding change is the disappearance of three infectious causes of blindness since 1933-43 ; ophthalmia neonatorum, syphilis, both the congenital and the acquired type, and meningitis which in the early period figured significantly, no longer appear as substantial causes for the later period.

The virtual elimination of the infectious causes of blindness tends to give a higher proportionate significance to the congenital and abiotrophic defects. In recent years trauma, optic atrophy from intracranial tumours, iritis and iridocyclitis, have all assumed more significant places with a relatively stationary number over the years. In contrast, diabetes in the middle aged and the senile

macular lesions in the elderly have assumed a more significant place owing to an actual increase in numbers. The increase in the senile macular lesions reflects the increase in the number of elderly amongst the newly registered, and has brought with it a reduction in the proportionate significance of cataract at the higher age groups.

The elimination of infectious diseases, the emergence of retrolental fibroplasia, the increasing significance of congenital anomalies, and a possible actual increase in cases of retinoblastoma are the outstanding features."

HOME HELP SERVICE.

(Section 29)

GENERAL ADMINISTRATIVE ARRANGEMENTS.

As a general rule the service has operated on similar lines to the previous year but as more Home Helps have been available it has been possible to review many cases at the end of the first few weeks and then at quarterly intervals.

If reference is made to the "Progress" table it can be seen that an increased number of cases have received help this year, i.e., 870 as compared with 750 in 1954 and 558 in 1953.

Availability of Service.

The service is available in various cases, of which the following are examples :—

(*a*) Maternity.
(*b*) Where a housewife falls sick or must have an operation.
(*c*) Where a wife is suddenly called away to visit her husband in hospital and arrangements have to be made to look after the children.
(*d*) Where elderly people are infirm, or one of whom suddenly falls ill.
(*e*) Where several members of a household are ill at the same time.
(*f*) Where a doctor requests that a Home Help is necessary to help with a premature infant.
(*g*) Tuberculosis.

The last named presents particular difficulties, in spite of the fact that Home Helps attending cases of tuberculosis are paid an additional wage of 2d. per hour ; whilst such cases are entitled to the facilities available, special safeguards have to be imposed to protect the personnel.

The following recommendations of a committee of medical officers of Local Health Authorities and Chest Physicians of wide experience working in the area of the Manchester Regional Hospital Board are regarded as being most useful in dealing with this difficult problem :—

(1) All Home Helps employed in a household where there is an infectious case of tuberculosis should be over forty years of age, and should not have young children of their own.

(2) Home Helps for this work could be drawn from three groups :
   (*a*) Tuberculous women with arrested disease, recommended by the Chest Physician as suitable for the work.
   (*b*) Close relatives of the patient who are already family contacts. In this connection the County Health Committee has laid down certain conditions. It is suggested that where family contacts are employed the age limit may be lowered to thirty years in suitable cases.
   (*c*) Ordinary domestic helps may be employed subject to the safeguards set out under (1) above i.e., that they are over forty years of age and do not have young children of their own.

(3) The precautions against infection will vary according to the type of person employed. Home Helps with arrested tuberculosis (group 2 (*a*) above) would, of course, be acquainted with anti-tuberculosis measures and would be under regular supervision by a Chest Physician. Family contacts (group 2 (*b*) above) would also be under the close examination and supervision of the Chest Physician.

Ordinary Home Helps (group 2 (*c*)) should be radiographed on appointment, and subsequently at six monthly intervlas.

It is desirable to transfer the Helps at intervals to other types of cases, so as not to use them exclusively for tuberculosis households.

(4) Home Helps should receive instruction in anti-tuberculosis measures, and this is carried out by the Chest Physician who certifies the Help as suitable for such employment.

(5) No Home Help should undertake nursing duties, and the use of masks and gloves is not recommended.

(6) It is necessary to obtain the consent of the patient to the disclosure to the Home Help of the nature of the problem, and the Help should only undertake the work as a volunteer.

Conditions for Home Helps.

The present hourly rate for Home Helps is 2/10⅛d. per hour. Travelling expenses together with travelling time in excess of forty minutes each day at the normal rate of pay is also paid.

Progress.

The progress of the service during the last three years can be seen from the following table :—

	1953	1954	1955
Home Helps employed ..	76	88	108
Cases served	558	750	870
Home Help Organisers employed	1	1	1

Employment of Relatives.

There are cases which arise from time to time when the only person able to take on the duties of a Home Help is a relative of the patient. As a safeguard in such cases the County Health Committee

has made a rule that a relative may be employed only on the authorisation of the Chairman and the Vice-Chairman. A condition of approval is that there is no other suitable Home Help available within reasonable travelling distance, who is willing to undertake the case, and that the Health Visitor for the area should recommend the number of hours to be worked, which in any case should not exceed forty-four per week.

Rules of Assessment.

It was intended that the recovery of the cost of providing Home Helps should be made in accordance with a suitable scale of assessment, and the present rules are, therefore, set out in full for easy reference.

RULES OF ASSESSMENT

(Revised 23rd January, 1956).

1. The person to be assessed will be the head of the household of the house at which the Home Help is engaged. For the purpose of this rule an apartment, flat or rooms let without attention and meals will be regarded as a house.

2. The assessment will be based on the "assessable income" of the household, which will be calculated in the following manner.

3. For the purpose of computing the "assessable income" of the household, there will be determined the "gross income" calculated in the following manner :—

Nature of Income.	*Amount to be brought into Account*
(a) Wages, salaries, pensions and/or estimated value of emoluments (e.g. board and lodging) of the head of the household and wife, and any dependent member of the household, after the deduction of income tax and employee's contribution towards superannuation and national insurance but with no deductions of any other nature.	The full amount.
(b) Contribution to the household income by a non-dependent member of the household.	One-half of the net weekly income in excess of 30/-d.
(c) (i) Where the person assessed owns the house in which he resides, any sum which might be obtained by him, by selling it or borrowing money on the security of it shall be disregarded. (ii) All other capital assets including war savings shall be aggregated. (iii) The first £400 of the amount arrived at in (ii) to be disregarded. (iv) The next £400 to be treated as equivalent to a weekly income of 6d. for each £25. (v) If the amount arrived at in (ii) exceeds £800 full cost will be charged.	

(d) Payment by a lodger for full or part board.	One sixth of a payment up to 30/-d. and one-half of the excess over 30/-d.
(e) Proceeds of sub-letting.	The full amount.
(f) All other income or means.	The full amount including family allowances and maternity allowances under Section 15 of the National Insurance Act, 1946, but excluding attendance allowance under Section 14 of that Act.

For the purpose of this rule a mother, mother-in-law, father, father-in-law, son, son-in-law, daughter, or daughter-in-law will be treated as a non-dependent unless it is to the advantage of the household that he or she should be treated as a dependent member. All other relatives will be treated as lodgers.

4. From the "gross-income" of the household calculated in accordance with the Rule 3, there will be deducted :—

(a) The disregards specified in the 2nd Schedule to the National Assistance Act, 1948, so far as they have not been allowed in computing the amount to be brought into account in the "gross income" by Rule 3 (c) and and (f) and excluding the attendance allowance under Sec. 14 of the National Insurance Act, 1946, and the maternity allowance under Sec. 15 of that Act in maternity cases.

(b) Reasonable expenditure on the following outgoings by the head of the household and wife :—

(i) Fares to and from place of work and incidental expenses necessarily incurred in connection with employment.

(ii) Sick Club and Trade Union subscriptions.

(iii) Rent general and special rates, water-rates and charges and mortgage principal and interest of the house (as defined in Rule 1) in which the household is living. Schedule 'A' tax actually paid and not allowed in any other way will also be allowed.

(iv) Contributions towards maintenance of relatives not forming part of the household.

(v) Any other amounts which, having regard to the circumstances appear to be reasonable, e.g. hire purchase instalments on necessaries other than clothing and footwear, school fees, abnormal expenses arising out of sickness.

(c) Personal allowances for the personal needs of members of the household (Revised to take effect from 23rd January, 1956).

Members of Household.	*Amounts to be allowed per week*
Head of household or adult wholly or partially maintaining other members of the household resident with him, or adult living alone ..	40/0d.
Head of household and wife	67/6d.
Other dependents over 16 years (each) ..	23/6d.
Dependent children under 16 years :	
First child	17/6d.
Other children (each)	13/0d.
Housekeeper (if any)	24/6d.
Adult living in lodgings	Actual cost of board and lodgings plus 17/0d. per week.

The resultant figure will be "assessable income" of the household.

5. The amount to be paid will be a percentage of the aggregate of the following amounts, viz.:—

One third of the first £ of assessable income.
One half of the second £ of assessable income.
Two thirds of the remainder of assessable income.

The percentage will be :—

Hours of work		%
Not more than 5	..	30
6—10	..	40
11—15	..	50
16—20	..	60
21—25	..	70
26—30	..	80
31—35	..	90
36—40	..	100

Where part of a week only is worked in the first and last weeks of service the charge will be at an hourly rate calculated by dividing the weekly assessment by the number of hours of help requested.

6. In maternity cases the amount payable per week will be increased by a percentage of the attendance allowance under Section 14 of the National Insurance Act, 1946, for the first four weeks, subject to Rule 7.

7. In no case is the assessed hourly rate charged to exceed the full cost charge which until further notice is to be taken as 3/6d. per hour*.

8. There will be a minimum charge of 2/6d. per week where the number of hours worked is not more than 20 and 5/0d. per week where the number of hours worked is more than 20. These charges will not be made in the following cases :—

(i) Old age pensioners with no other source of income. Where an old age pensioner has other income apart from his pension the minimum charge must not exceed the assessable income.
(ii) Cases being assisted by the National Assistance Board, unless there is an income to be brought into account under Rule 3 (b) or 3 (d).

9. Where an allowance is being made in any case by the National Assistance Board the case will be regarded as a "nil" assessment, subject to confirmation being received from the Board that the allowance does not include any amount for domestic help. If the allowance includes an amount for domestic help, such amount will be collected in full. This rule will not apply if there is income to be brought into account under Rule 3 (b) or 3 (d).

RESOURCES TO BE DISREGARDED IN ACCORDANCE WITH THE PROVISIONS OF THE 2nd SCHEDULE TO NATIONAL ASSISTANCE ACT, 1948 AND RULE 4 (a).

1. Wholly disregarded :—
Death Grant under Section 22 of National Insurance Act, 1946.

2. Disregarded up to £1 per week in aggregate :—
(a) The first 10/6d. of sick pay from a friendly society or trade union.
(b) The first 10/6d. of any superannuation in respect of former employments not being :
(i) on account of a pension under the O.A.P. Act, 1936, or W.O. and O.A.C.P. Acts, 1936 to 1941.
(ii) retirement pension under the National Insurance Act, 1946.
(c) (i) retired pay or pension to which Section 16 of the Finance Act, 1919 applies, including dependents allowances (wounds and disability pension).
(ii) disablement pension awarded under the Personal Injuries (Emergency Provisions) Act, 1939, including any increase for dependents.
(iii) Workmens compensation.
(iv) Disablement benefit under Section 12 of National Insurance (Industrial Injuries) Act, 1946.

* This rate increased from 3/3d. per hour to 3/6d. per hour on 30th April, 1956.

MENTAL HEALTH SERVICE

(Section 51)

The Mental Health Service is the responsibility of the Local Health Authority and the work is administered by the County Health Committee with the assistance when necessary of its Mental Health Sub-Committee.

STAFF.

The work in the Mental Health field is under the control of the County Medical Officer of Health. A number of Medical Officers who have special experience in Mental Deficiency have been authorised by the County Health Committee to act as Certifying Officers under the Mental Deficiency Acts, 1913-1938.

During the year the County Council decided to appoint a Senior Medical Officer for Mental Health which, incidentally, was looked upon with favour by the Ministry of Health. The post was advertised and Dr. R. M. C. Tyner was appointed and took up duty on the 7th November, 1955. While the County Medical Officer of Health is responsible for the organisation and control of the Mental Health Services, the Senior Medical Officer's duties will include giving advice on mental health matters; the medical direction, under the County Medical Officer, of the Mental Health Social Workers and Duly Authorised Officers; the supervision of the Authority's Occupation Centres; acting as one of the Petitioning Officers under the Mental Deficiency Acts, and also acting as one of the Approved Medical Practitioners for giving certificates under the Mental Deficiency Acts, where appropriate.

The staff of the Mental Health Section, apart from the Senior Medical Officer, comprises three Clerks, nine Occupation Centre Staff, two Home Teachers, three Mental Health Social Workers, ten Duly Authorised Officers and five relief Duly Authorised Officers. The Duly Authorised Officers also act as Welfare Officers and, as such, are on the staff of the County Welfare Department. No Psychiatric Social Workers are employed in the Mental Health Section.

The County Health Committee have appointed the following as Petitioning Officers under the Mental Deficiency Acts:—

Dr. J. B. S. Morgan
Dr. V. J. Woodward
Dr. R. M. C. Tyner
Dr. A. H. Fairlamb.

It was thought that the appointment of four medical officers to act as Petitioners would enable the work to proceed without interruption in the event of sickness, holidays, etc., arising.

Mental Health Social Workers are mainly concerned with the supervision, care and after-care of mental defectives and their duties are as enumerated below :—

(1) Investigations concerning the ascertainment of mental defectives;

(2) Preparing information for and assisting with Petitions under the Mental Deficiency Acts ;

(3) Visiting and reporting on the general care and home conditions of mental defectives under statutory supervision, voluntary supervision and under "Guardianship Orders" ;

(4) Advising parents on the training of mentally defective children, and giving information about Institutions and admission thereto ;

(5) Finding employment in suitable cases ;

(6) Arranging attendance at Occupation Centres ;

(7) Supervising mental defectives on licence or holiday leave from Institutions ;

(8) Co-operating with other Social Workers such as Psychiatric Social Workers, Almoners, Probation Officers, etc., dealing with the special needs of mental defectives and patients suffering from mental illness.

OCCUPATION CENTRES.

Occupation Centres are established to provide for mentally defective children, excluded from school under Section 57 of the Education Act, 1944, and reported to the Local Health Authority on being found to be suffering from a disability of mind of such a nature and to such an extent as to make them incapable or receiving education at school.

In the County there are Occupation Centres situated at Chesterfield, Ilkeston and Spondon. Each Occupation Centre is staffed by a Supervisor and two Assistant Supervisors. The Supervisor directs the work of the staff and is responsible for the teaching and organising arrangements. Even in the smallest Centre a minimum staff of three is necessary if reasonable efficiency is to be maintained. Where the staff numbers less than three it is difficult to arrange a curriculum suited to the ability and aptitude of the children attending the Centre. Furthermore, in an establishment of two, great difficulties can be encountered when a member of the staff is incapacitated due to illness.

The aims of the Occupation Centre are to meet the individual needs of each child, and to develop any ability a child may have. In an Occupation Centre little emphasis is laid on purely academic subjects but the training is more of a practical nature. The pupils are instructed in habit training, handwork and simple domestic tasks so that they become useful citizens and more adaptable to their social environment.

Free mid-morning milk is provided. A hot mid-day meal is also available through the School Meals Service. The pupils are reviewed twice a year by a visiting Medical Officer. The Occupation Centres are appreciated by many parents who are relieved of the strain caused by the presence of an untrained defective in a family.

Chesterfield.

This Centre is held at the Ragged School, Markham Road, Chesterfield, and had an average of about forty-two pupils on the register during the year. The staff employed was as follows :—

Supervisor : Miss G. F. Perry, Diploma of the National Association for Mental Health.

Two Assistant Supervisors : Mrs. M. L. Hill and Mrs. E. E. Stringfellow.

The Supervisor reports as follows concerning the activities at the Centre during the year :—

"At the beginning of the year, forty-two children were attending the Centre. Eight left, one was excluded and nine were admitted.

Through the kindness of the Parents' Association, twenty children, several parents and the Centre staff were taken to Sheffield to see the pantomime "Mother Goose" in January. Two 'buses left the premises at 1.30 p.m. and the party arrived back in Chesterfield at approximately 6.30 p.m. after having enjoyed a pleasant afternoon.

Our Annual Open Day was held on 23rd March. Various types of handwork executed in the Centre were displayed, and sold to the visitors who consisted mainly of parents. Afterwards the children gave a performance of musical items and examples of the Centre's many activities.

A National Association for Mental Health student commenced five weeks practical training in December.

Dr. Fairlamb, the Senior Assistant Medical Officer, medically examined the children during the year, several Councillors and the Health Visitor called at infrequent intervals, and the Social Workers paid regular weekly visits. An Inspector from the Board of Control made her annual inspection in March.

The usual Christmas Party and festivities concluded our year's activities."

Ilkeston.

This Centre is held at St. Mary's Schoolroom, Hallcroft Road, Ilkeston. The average number of pupils on the register during 1955 was forty-two. The staff employed was as follows :—

Supervisor : Miss E. M. Martin, trained at the Nottingham Occupation Centre and has attended a Refresher Course for Supervisors of Occupation Centres arranged by the National Association for Mental Health.

Two Assistant Supervisors : Mrs. L. Buck and Miss W. Fowler have attended Refresher Courses arranged by the National Association for Mental Health.

The Supervisor reports as follows concerning the activities at the Centre during the year :—

"Progress at this Centre has been above average, although the difficulties of only one room, with poor facilities, made it rather difficult for both patients and staff.

Forty-two names were on the register at the end of 1955, the same number as previously. Three new names were added, one excluded, and two left. One of these obtained employment and is still working.

Six children showed no improvement whatever, although every effort was made to help them, whilst eight made outstanding progress. All the others worked steadily, and derived some benefit from attending the Centre.

On Thursday, September 8th, forty patients were again taken to Woodthorpe Grange for tea, half the cost being defrayed by the County Council. As on previous occasions, this was eagerly awaited, and was talked about for weeks afterwards, by every child. The caterers at the Park were pleasantly surprised by the good behaviour of the children, and their friendly attitude.

A very successful open morning on Tuesday, December 6th, was attended by seventy parents and friends who watched a play performed by the patients, and afterwards purchased articles made during the year. In addition to embroidery, basketry, rugs, plaster moulding, and all the usual type of handwork, Christmas crackers were made, and proved to be quite successful, selling very readily. A total of £56.3.4d. was realised from the sale, and all parents seemed to agree that the standard of work was very high, and that both music and speech was improving.

Christmas party day on December 21st was voted the best effort ever, especially when the conjuror, provided by the ladies of the Inner Wheel, "made" real money and sweets, and was a climax to what we hope was a very successful year."

Spondon.

This Centre is held at the Methodist Church Schoolroom, Lodge Lane, Spondon, and serves the fringe area around Derby Borough. The average number of pupils on the register during 1955 was thirty. The staff employed was as follows :—

Supervisor : Miss V. L. Coxon, Diploma of the National Association for Mental Health.

Two Assistant Supervisors : Mrs. E. P. Heather and Miss P. E. Bates.

The Supervisor reports as follows concerning the work of the Centre :—

"Year started off with twenty-seven children on the register, two children left the district, five were admitted, two of them coming from Wirksworth.

The past year has shown generally great improvement, particularly in speech and activity.

Unfortunately three children have made no progress.

There are a number of children incapable of going to the toilet alone, and two children have to be fed.

From March to August there was no water heater, and a gas copper had to be used, this making difficulties at lunch time.

The School Meals Service continues to give satisfaction.

Advantage has been taken of the facilities offered by the Derby Museum, and gramophone records have been borrowed.

There was an Outing to the Circus in May, when the children were given ring-side seats. Mr. Gillet of the County Garage provided the children with ice cream and sweets.

Owing to the generosity of local people, we were able to have a summer outing in July, with no charge to the parents. Twenty children were taken to Ingoldmells, starting at 8.45 a.m. from the Centre and the last child arrived home at 10 p.m. Gifts for the Outing included three crates of lemonade and boxes of peaches, apples, oranges and bananas. There was a stop on the way for ice-cream. Donkey rides were given free and many photographs were taken. Sticks of rock were brought back for the children not able to take part in the trip.

A Derby photographer visited the Centre in July, taking individual photographs of the children, for which no charge is made.

The telephone was connected in October.

An 'Autumn Fayre' was held in November, the money collected to be used for special occasions, outings etc.

Christmas decorations made by the children were of a high standard—specialities being three window scenes—'Lake', 'Manger' and 'Snow Scenes'.

Our second Christmas Party was held on December 14th, and as parents were invited approximately eighty people were present. The centre of attraction was the large Christmas tree complete with coloured lights. Entertainment by the children included a Nativity Play, Action Songs and Country Dancing. There was the usual well-laden table, 'Santa Claus' of course made a visit with presents for the children. Gifts for the party included the, tree, cakes, fruit, nuts and sweets.

Apart from the usual difficulties of shared premises, and the lack of certain facilities, the year could be regarded as successful and happy, and we look forward with confidence to 1956."

CO-ORDINATION WITH REGIONAL HOSPITAL BOARDS AND HOSPITAL MANAGEMENT COMMITTEES.

As in previous years, cordial relations and close co-operation have been maintained with the various Regional Hospital Boards and Hospital Management Committees. Mental Health Social Workers have continued to visit mental defectives on licence or on holiday leave from Institutions. Periodical progress reports are forwarded to the Medical Superintendents concerned. Where necessary, suitable places of work are found by Social Workers for a number of the cases on licence from Institutions. A number of patients after working satisfactorily on licence for about two years are released from Order but still remain under voluntary supervision by the Social Workers.

Under the National Health Service Act, the responsibility for patients on licence or on holiday leave from institutions rests with the various Hospital Management Committees, but since many institutions do not employ their own Social Workers, arrangements are made with the Medical Superintendents of Mental Deficiency Hospitals to have the work done by officers of the Local Health Authority. Also on behalf of the Management Committees of the various Mental Hospitals, arrangements have been made for the Duly Authorised Officers to visit the homes of patients due to be allowed leave of absence on trial under Section 55 of the Lunacy Act, 1890, or about to be boarded out under Section 37, and regular reports are forwarded to the Medical Superintendents.

With the co-operation of Derby No. 3 Hospital Management Committee and the Hospital Management Committees of other Mental Hospitals, arrangements have been made with the County Ambulance Service for trained attendants to be available, where necessary, for the conveyance of patients to those hospitals.

VOLUNTARY ASSOCIATIONS

The National Association for Mental Health.

This Association is of assistance in arranging courses of instruction in mental deficiency which are attended by Medical Officers of the Council with a view to their being approved as Certifying Officers under the Mental Deficiency Acts.

Arrangements have also been made with the Association for different trainees to work at the Chesterfield Occupation Centre for periods of six weeks as part of the training required for the Diploma in Mental Health granted by the Association.

The Association is also instrumental in arranging temporary accommodation in urgent cases.

The Guardianship Society, Brighton.

Three mental defectives subject to Guardianship Orders live near the South Coast and are under the supervision of the Guardianship Society.

WORK UNDERTAKEN IN THE COMMUNITY.

(*a*) *Under Section* 28 *of the National Health Service Act*, 1946.

The work of the Mental Health Social Workers is chiefly concerned with the care and after-care of mental defectives under the Mental Deficiency Acts. 885 cases under statutory supervision and 482 cases under voluntary supervision were visited during 1955 in their homes bi-monthly or quarterly, but more frequent visits are made if required. Much helpful advice is given in regard to the completion of forms for the National Assistance Board, the National Insurance offices and other public departments. A continuous record of each case is kept in the Central Office, compiled from the detailed reports of the Social Workers on their visits.

(*b*) *Under the Lunacy and Mental Treatment Acts*, 1890-1930.

During the year 1955, as shown in the following tables, 1,208 patients were admitted to Mental Hospitals and in respect of 447 of these, orders were obtained by Duly Authorised Officers. Also advice and information were given to patients and relatives in the case of a number of patients admitted voluntarily under the Mental Treatment Acts. It is noteworthy that more than half the cases admitted to Mental Hospitals during the year were admitted voluntarily without the stigma of certification, and it is encouraging that more and more people are realising that mental illness is similar to many other illnesses in that early treatment can bring about complete recovery.

During the period 1st January 1955 to 31st December 1955, the following numbers of patients were admitted to Mental Hospitals :—

TABLE XXXII

	Males	*Females*	*Total*
The Pastures Hospital, Mickleover	381	414	795
Scarsdale Hospital, Chesterfield	60	43	103
Kingsway Hospital, Derby	74	112	186
Ollerset View Hospital, New Mills	—	5	5
Parkside Mental Hospital, Macclesfield	17	31	48
Ashton-under-Lyme, Hospital	—	1	1
Andressey Hospital, Burton-on-Trent	4	—	4
Mapperley Hospital, Nottingham	10	29	39
Carlton Hayes Hospital, Leicester	1	—	1
St. Thomas' Hospital, Stockport	3	4	7
Middlewood Mental Hospital, Sheffield	—	7	7
Springfield Hospital, Crumpsall	1	—	1
St. Matthews Hospital, Burntwood, Lichfield ..	3	3	6
St. Ann's Hospital, Nottingham	1	—	1
Hellesden Hospital, Norwich	1	—	1
Barony Hospital, Nantwich, Cheshire	1	—	1
Bracebridge Hospital, Lincoln	1	—	1
St. Ebba's Hospital, Chapel-en-le-Frith	—	1	1
	558	650	1,208

These patients were admitted in the circumstances set out in the following table :—

TABLE XXXIII

	Males	*Females*	*Total*
Lunacy Act, 1890.			
Summary Reception Orders (Sec. 16)	104	131	235
Duly Authorised Officer's 3-day Orders (Sec. 20)..	39	22	61
Justices' 14-day Orders (Sec. 21)	56	73	129
Mental Treatment Act, 1930.			
Temporary Patients (Sec. 5)	8	14	22
Voluntary Patients	351	410	761
	558	650	1,208

(*c*) *Under the Mental Deficiency Acts*, 1913-1938.
Guardianship.

The cases under Guardianship Orders are visited by a Medical Officer with a special experience in mental deficiency as well as regularly by Social Workers.

Admissions to Institutions for Mental Defectives.

The following table shows the number of patients admitted to Institutions for Mental Defectives during the year 1955 :—

TABLE XXXIV

Under age 16		*Over age 16*		*Total*		*Total cases.*
M.	*F.*	*M.*	*F.*	*M.*	*F.*	
3	4	7	16	10	20	30

CASES URGENTLY AWAITING ADMISSION TO INSTITUTIONS FOR MENTAL DETECTIVES. 31st DECEMBER, 1955

TABLE XXXV

	Under 16		*Over* 16		*Total*		
	M.	*F.*	*M.*	*F.*	*M.*	*F.*	*T.*
Manchester Regional Hospital Board area (Population 69,400)	6	4	5	5	11	9	20
Sheffield Regional Hospital Board Area .. (Population 635,200)	39	29	40	42	79	71	150
Whole County	45	33	45	47	90	80	170

The urgent waiting list has been as follows during the last few years :—

1952	1953	1954	1955
126	151	177	170

In addition to these cases on the urgent waiting list there is a number of other mental defectives awaiting admission to Institutions when beds can be provided by the Regional Hospital Boards. Any of these may become urgent at any time owing to the death or illness of aged parents, etc.

Short Term Stay.

In order to afford some measure of relief to harassed parents of mental defectives awaiting admission to Institutions, four beds have been reserved by the Sheffield Regional Hospital Board for short-term stay and during the year, twenty-four cases were admitted for periods of four to eight weeks. This has been greatly appreciated by the parents who have been able to take a holiday or have a rest from the continual care of the defective child.

Cases dealt with during 1955.

The following table gives details of the number of mental defectives reported and dealt with during the year 1955 and also shows the number of mental defectives "ascertained" in the County on the 1st January, 1956 :—

TABLE XXXVI

MENTAL DEFICIENCY ACTS, 1913-1938

Name of Local Health Authority: Derbyshire.

	During 1955				*Total cases on Authority's registers as at 1st January*, 1956			
	Under age 16		*Aged 16 and over*		*Under age 16*		*Aged 16 and over*	
	M.	*F.*	*M.*	*F.*	*M.*	*F.*	*M.*	*F.*
1. *Particulars of cases reported during* 1955 :—								
(a) Cases at 31st December ascertained to be defectives "subject to be dealt with." Action taken on reports by:—								
(i) Local Education Authorities on children								
(1) While at school or liable to attend school	15	15	–	–	–	–	–	–
(2) On leaving special schools	–	–	4	1	–	–	–	–
(3) On leaving ordinary schools	2	9	–	–	–	–	–	–
(ii) Police or by Courts ..	–	–	3	–	–	–	–	–
(iii) Other Sources	1	2	9	12	–	–	–	–
(b) Cases reported but not regarded at 31st December as defectives "subject to be dealt with" on any ground.. ..	7	3	13	16	–	–	–	–
(c) Cases reported but not confirmed as defectives by 31st December and thus excluded from (a) or (b)	–	2	1	4	–	–	–	–
Total number of cases reported during the year :—	25	31	30	33	–	–	–	–

	During 1955				*Total cases on Authority's registers as at 1st January, 1956*			
	Under age 16		*Aged 16 and over*		*Under age 16*		*Aged 16 and over*	
	M.	*F.*	*M.*	*F.*	*M.*	*F.*	*M.*	*F.*
2. *Disposal of cases.*								
(a) Of the cases ascertained to be defectives "subject to be dealt with" number :—								
(i) Placed under Statutory Supervision ..	18	25	14	7	167	137	270	311
(ii) Placed under Guardianship	–	–	–	–	–	–	2	2
(iii) Taken to "Places of Safety"	–	–	–	–	–	–	–	–
(iv) Admitted to Institutions	–	1	2	6	21	18	237	302
(b) Of the cases not ascertained to be defectives "subject to be dealt with" number :—								
(i) Placed under Voluntary Supervision ..	6	2	10	16	11	8	221	242
(ii) Action unnecessary ..	1	1	3	–	–	–	–	–
Total of item 2	25	29	29	29	199	163	730	857
3. *Classification of defectives in the Community on* 1.1.56								
(a) Cases included in item 2 (a) (i) to (iii) above in need of Institutional care :—								
(1) In urgent need of institutional care :—								
(i) "cot and chair" cases	–	–	–	–	9	10	–	1
(ii) ambulant low grade cases	–	–	–	–	7	6	3	2
(iii) medium grade cases	–	–	–	–	25	13	27	17
(iv) high grade cases ..	–	–	–	–	4	4	15	27
(2) Not in urgent need of institutional care :—								
(i) "cot and chair" cases	–	–	–	–	–	–	–	–
(ii) ambulant low grade cases	–	–	–	–	–	–	1	1
(iii) medium grade cases	–	–	–	–	8	4	14	14
(iv) high grade cases ..	–	–	–	–	2	1	13	12
Total of item 3 (a) ..	–	–	–	–	55	38	73	74

	Under age 16		*Aged 16 and over*	
	M.	*F.*	*M.*	*F.*
3. *Classification of defectives in the Community on* 1.1.56 (*continued*)				
(b) Of the cases included in items 2 (a) (i) and (ii) and 2 (b) (i) overleaf, number considered suitable for :—				
(i) occupation centre	81	70	17	17
(ii) industrial centre..	–	–	45	21
(iii) home training	–	1	9	14
Total of item 3 (b)	81	71	71	52
(c) Of the cases included in item 3 (b) number receiving training on 1.1.56 :—				
(i) in occupation centre	44	44	11	13
(ii) in industrial centre	–	–	–	–
(iii) at home	–	–	2	1
Total of item 3 (c)	44	44	13	14

4. Number of Mental Defectives who were in Institutions, under Community Care (including Voluntary Supervision) or in "Places of Safety" on 1st January, 1955, who have ceased to be under any of these forms of care during 1955.

	M.	*F.*	*T.*
(a) Ceased to be under care	8	3	11
(b) Died, removed from area, or lost sight of ..	20	24	44
Total	28	27	55

5. Of the total number of mental defectives under Supervision or Guardianship or no longer under care.

(a) Number who have given birth to children while unmarried during 1955 3

	Males	*Females*
(*b*) Number who have married during 1955 ..	2	8

6. Number of mental defectives for whom short term care was arranged by the local health authority during 1955 and admitted to National Health Service Hospitals :—

Under age 16		*Age 16 and over*	
M.	*F.*	M.	*F.*
16	8	—	2

APPENDIX I.

NATIONAL HEALTH SERVICE ACT, 1946

LOCAL HEALTH SERVICES

PART I.

RETURN RELATING TO SERVICES PROVIDED BY OR ON BEHALF OF THE COUNCIL AS LOCAL HEALTH AUTHORITY AND OF THE WORK DONE DURING THE YEAR 1955

1. Births.

Actual number of births in the Authority's area during the year as notified under Section 203 of the Public Health Act, 1936, or Section 255 of the Public Health (London) Act, 1936, and the number as adjusted by any notifications transferred in or out of the area :—

(1)	Live Births		Stillbirths		Totals	
	Actual (2)	Adjusted (3)	Actual (4)	Adjusted (5)	Actual (6)	Adjusted (7)
(a) Domiciliary ..	4,405	4,404	73	73	4,478	4,477
(b) Institutional ..	4,320	5,725	112	148	4,432	5,873

2. Ante-Natal and Post-Natal Clinics.

NOTES : A list giving the names and addresses of any clinics (*a*) discontinued and (*b*) started during the year should be attached.

Clinics provided by another Local Health Authority and used by agreement or by a voluntary organisation which the Authority subsidise but which are situated in the area of another authority should *not* be included, but a separate note should be attached showing the number of such clinics used by mothers resident in the Authority's area and the number of sessions held *per month* and if readily available, statistics as in columns (4) to (6) in respect of these women.

In cols. (4)-(6) women examined post-natally at ante-natal clinics should be included in the post-natal (not the ante-natal) figures and also shown separately between dotted lines.

In col. 5 enter for ante-natal clinics women who had *not* previously attended any clinic of the Local Health Authority during current pregnancy, and for post-natal clinics women who had *not* previously attended any post-natal clinic of the Local Health Authority after last confinement.

(1)	Number of clinics provided at end of year (whether held at Child Welfare Centres or other premises) (2)	Number of sessions now held **per month** at clinics included in col. (2) (3)		Number of women in attendance (4)		Total number of attendances during the year (6)	
		Medical Officers Sessions	* Midwives Sessions	Number of women who attended during year	Number of new cases included in col. (4) (5)	Medical Officers Sessions	Midwives Sessions*
Local Health Authority Clinics:							
(*a*) Ante-natal clinics ..	23	111.3	—	4,349	3,777	15,740	—
(*b*) Post-natal clinics ..	2	2	—	515 457	514 456	608 501	– –
Clinics provided by Voluntary Organisations:							
(*c*) Ante-natal clinics ..	—	—	—	—	—	—	—
(*d*) Post-natal clinics ..	—	—	—	– –	– –	– –	– –

*Where no Medical Officer is present.

3. Child Welfare Centres.

NOTES : A list giving the names and addresses of any centres (*a*) discontinued and (*b*) started during the year should be attached.

Centres provided by another Local Health Authority and used by agreement, or by a voluntary organisation which the Authority subsidise but which are situated in the area of another authority, should *not* be included, but a separate note should be attached showing the number of such centres used by children resident in the Authority's area and the number of sessions held *per month*, also, if readily available, statistics as in columns (4)-(12) in respect of these children.

Attendances by mothers for the purpose of obtaining welfare foods, etc. only should not be included in the Table.

Attendances at specialist clinics or for special treatment, e.g., orthopaedic clinics, sunlight treatment, etc. should not be included in the Table.

Centres provided by : (1)	Number of centres provided at end of year (2)	Number of Child Welfare sessions now held per month at centres in col. (2) (3)	Number of children who first attended a centre of this Local Health Authority during the year, and who at their first attendance were under 1 year of age (4)	Number of children who attended during the year and who were born in :			Total Number of children who attended during the year (8)	Number of attendances during the year made by children who at the date of attendance were :			Total attendances during the year (12)
				1955 (5)	1954 (6)	1953-50 (7)		Under 1 year (9)	1 but under 2 (10)	2 but under 5 (11)	
(*a*) L.H.A. ..	86	336	6,125	6,724	4,495	4,121	15,340	69,070	16,332	10,534	95,936
(*b*) Vol. Org. ..	3	8	120	96	97	56	249	1,081	387	198	1,666

4. Dental Care of Expectant and Nursing Mothers and Children under School Age.

(*a*) Number of Officers employed at end of year on a salary basis in terms of whole-time officers to the maternity and child welfare service :—

(1) Senior Dental Officer 0.25
(2) Dental Officers 0.89

(*b*) Number of Officers employed at end of year on a sessional basis in terms of whole-time officers to the maternity and child welfare service .. .. None

(*c*) Number of dental clinics in operation at end of year 12

(*d*) Total number of sessions (i.e. equivalent complete half days) devoted to maternity and child welfare patients during the year 44*

(*e*) Number of dental technicians employed in the Local Health Authority's own laboratories at the end of the year .. .. None

* 44 in Chesterfield Borough (None specifically set aside in the remainder of the County for expectant and nursing mothers and pre-school children).

Dental Treatment Return.

A. NUMBERS PROVIDED WITH DENTAL CARE :

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	20	20	14	11
Children under Five ..	741	683	653	199

B. FORMS OF DENTAL TREATMENT PROVIDED :

	Scalings and Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures Provided		Radiographs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers	4	10	—	—	26	6	2	1	—
Children under five	5	33	294	—	1,237	432	—	—	—

5. Health Visiting and Tuberculosis Visiting.

A. Visiting.

	HEALTH VISITORS										TUBERCULOSIS VISITORS
	Number of children under 5 years of age visited during year	Expectant mothers*		Children under 1 year of age†		Children age 1 and under 2 years	Children age 2 but under 5 years	Tuberculous Households‡	Other cases§	Total number of families or households visited by Health Visitors	Total visits paid to tuberculous households¶
		First visits	Total visits	First visits	Total visits	Total visits	Total visits	Total visits	Total visits		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
(*a*) L.H.A	38,309	2,291	3,057	9,401	28,167	15,510	28,985	3,316	7,010	32,623	—
(*b*) Vol. Org.	—	—	—	—	—	—	—	—	—	—	—

*These figures should not include visits paid by a midwife-health visitor who is to attend the confinement as a midwife or maternity nurse.

The "first visit" to an expectant mother is the first visit paid by a health visitor during any one pregnancy.

†The "first visit" to a child under 1 year old is the first visit paid by a health visitor of this Local Health Authority after the birth of the child.

‡This heading relates to visits made by health visitors not employed solely on tuberculosis work (as to which see col. (12)).

§"Other cases" should include visits for such purposes as reporting on still-births and infant deaths, infectious disease, care of old people, hospital after-care, etc.

¶This heading relates to visits made by health visitors and tuberculosis visitors employed solely on tuberculosis work.

Reference Circular 1/56, paragraph 5.

ADDITIONAL INFORMATION — HEALTH VISITORS

(*a*) Number of "fruitless" "pointless" "ineffective" or "no access" visits **not included** in Item 5 of Part 1 of the Form L.H.S.27 (1955) 5,757

(*b*) Number of "fruitless" "pointless" "ineffective" or "no access" visits **included** in Item 5 of Part I of the Form L.H.S.27 (1955) 2,389

These figures have been shown separately because some Health Visitors included "fruitless' visits in their returns, but other Health Visitors did not include these visits.

B. Clinics.

(*a*) Total number of attendances made by health visitors at local health authority clinic sessions during the year 7,479

(*b*) Total number of attendances by whole-time tuberculosis visitors at chest clinic sessions during the year .. .. —

6. Home Nursing.

(1)	Medical (2)	Surgical (3)	Infectious Diseases (4)	Tuberculosis (5)	Maternal Complications (6)	Others (7)	Totals (8)	Patients included in (2)-(7) who were 65 or over at the time of the first visit during the year* (9)	Children included in (2)-(7) who were under 5 at the time of the first visit during the year* (10)	Patients included in (2)-(7) who have had more than 24 visits during the year* (11)
Number of cases attended by Home Nurses during the year :— (*a*) L.H.A.	11,096	3,778	66	410	110	1,581	17,041	5,794	671	3,145
(*b*) Vol. Org. under arrangements with the Authority	—	—	—	—	—	—	—	—	—	—
Number of visits paid by Home Nurses during the year :— (*c*) L.H.A. ..	280,489	71,596	540	12,430	1,288	24,041	390,384	198,469	4,367	228,670
(*d*) Vol. Org. under arrangements with the Authority	—	—	—	—	—	—	—	—	—	—

* The number of visits paid to the special classes of patients in columns (9), (10) and (11) should be shown under items (c) and (d) as appropriate.

7. Domestic Help.

(i) Number of Domestic Help Organisers employed at the end of the year :—

(*a*) Whole-time 2

(*b*) Part-time .. .. Nil.

(ii) Number of Domestic Helps employed at the end of the year :—

(*a*) Whole-time 52

(*b*) Part-time 59

(iii) Number of cases where domestic help was provided during the year :—

(*a*) Maternity (including expectant mothers) 161

(*b*) Tuberculosis .. .. –

(*c*) Chronic sick including aged and infirm 693

(*d*) Others 147

*A case should be counted only once, even if help ceased and recommenced during the year.

All cases should be counted, even if help began in the preceding year.

8. Distribution of Welfare Foods.

Number and type of distribution points at end of year :—

(*a*) Maternity and child welfare centres.. 65

(*b*) Others 78

9. Day Nurseries (including 24-hour Nurseries) as at end of year.

NOTE : A list giving the names and addresses of any Day Nurseries (*a*) opened, (*b*) closed during the year should be attached.

(1)	Number (2)	Number of approved places		Number of children on the register at the end of the year		Average daily attendance during the year	
		Under 2 (3)	2–5 (4)	Under 2 (5)	2–5 (6)	Under 2 (7)	2–5 (8)
(*a*) Nurseries maintained by the Council	5	91	134	60	176	45	122
(*b*) Nurseries maintained by Voluntary Organisations by arrangement with the Council under Section 22 of the Act	—	—	—	—	—	—	—

10. Daily Minders receiving fees from the Authority under Section 22 of the National Health Service Act, 1946, at end of year.

(*a*) Number of minders .. .. .. Nil.

(*b*) Number of children cared for .. .. Nil.

11. Mother and Baby Homes—(i.e. Homes or hostels for unmarried mothers and their babies).

*Name and Address of Home or Hostel	Number of beds				Number of admissions (ignoring re-admissions after confinement) during the year	Number of admissions in col. (6) for which the authority was responsible	Average length of stay	
	Total beds (excluding maternity and labour and cots)	*Maternity (excluding labour and isolation)	Labour beds	Cots			Ante natal	Post natal †
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
(*a*) Provided by the Authority :—		N	I	L				
(*b*) Provided or used by Voluntary Organisations with which the Authority make arrangements under S. 22 (1) or to which the Authority make payment under S. 22 (5):—		N	I	L				

(*c*) Number of cases sent by the Authority during the year to homes other than those mentioned in (*a*) and (*b*) above, payment being made on an *ad hoc* basis :—

(1) Expectant Mothers	71
(2) Post-Natal Cases	75

†Exclusive of the lying-in period.

*A separate form M.C.W. 96a, should be furnished for each institution with *maternity* beds included in the above table. Immediate information should be sent to the Principal Medical Officer for the Region and addressed to him at the Ministry of Health, Savile Row, W.1, of every occurrence in any of these institutions of :—

(*a*) DEATH ;
(*b*) OPHTHALMIA NEONATORUM, PEMPHIGUS AND *INFECTIVE GASTRO-ENTERITIS* ; AND
(*c*) AN OUTBREAK OF OTHER INFECTIOUS DISEASES.

12. Illegitimate Children (with special reference to Circular 2866).

(i) Do the Authority employ a Social Worker for the purpose of Circular 2866

(*a*) themselves ?	No
(*b*) in combination with another Local Health Authority ?	No

(ii) If not, what arrangements are made for this work to be undertaken ? The Superintendent Health Visitor has been specially deputed to keep illegitimate children under particular observation.

PART II.

MIDWIVES ACT, 1951.

RETURN BY LOCAL SUPERVISING AUTHORITY.

1. Midwives.

NOTE : Midwives engaged in both domiciliary and institutional practice should be included in the capacity in which they are mainly employed.

	Number of Midwives practising in the area of the Local Supervising Authority at end of year.		
	Domiciliary Midwives	Midwives in Institutions	Total
(*a*) Midwives employed by the Authority	102	–	102
(*b*) Midwives employed by Voluntary Organisations—			
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946	–	–	–
(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act)	–	–	–
(*c*) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act :—			
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946	–	–	–
(ii) Otherwise	–	80	80
(*d*) Midwives in Private Practice (including Midwives employed in Nursing Homes)	6	7	13
Totals	108	87	195

2. Deliveries Attended by Midwives.

NOTES: This table relates to *women* delivered, not in the case of multiple births, to infants.

Where midwives are engaged in both domiciliary and institutional practice, cases attended by them should be separated into domiciliary or institutional.

Where institutional midwives are employed by a Hospital Management Committee or Board of Governors responsible for several institutions situated in the areas of more than one Local Supervising Authority, the cases attended by them should be included in the return of the Authority in whose area the cases are located.
Domiciliary cases attended by midwives (cols. (2)-(6)) should *not* include cases delivered in institutions but attended by domiciliary midwives on discharge and before the 14th day. This information should be provided at item (e) at the top of page 7.

(1)	Number of deliveries attended by Midwives in the area During the year					
	Domiciliary Cases					
	Doctor not booked		Doctor booked		Totals	Cases in Institutions
	Doctor present at time of delivery of child (2)	Doctor not present at time of delivery of child (3)	Doctor present at time of delivery of child (either the booked Doctor or another) (4)	Doctor not present at time of delivery of child (5)	(6)	(7)
a) Midwives employed by the Authority ..	61	1,235	1,291	1,804	4,391	—
b) Midwives employed by Voluntary Organisations— (i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946	—	—	—	—	—	—
(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act) ..	—	—	—	—	—	—
c) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act ..	—	—	—	—	—	2,918
d) Midwives in Private Practice (including Midwives employed in Nursing Homes)..	—	—	16	1	17	374
TOTALS ..	61	1,235	1,307	1,805	4,408	3,292

(*e*) Number of cases delivered in institutions but attended by domiciliary midwives on discharge from institutions and before the fourteenth day, 1,143.

(*f*) **Breast Feeding.**

Number of domiciliary cases in which the infant was wholly breast fed at the fourteenth day, 3,535.

3. Medical Aid under Section 14 (1) of the Midwives Act, 1951.

Number of cases in which medical aid was summoned during the year under Section 14 (1) of the Midwives Act, 1951, by a Midwife, whether a fee was payable by the Local Health Authority or not :—

(*a*) Domiciliary cases :—

(i) Where the Medical Practitioner had arranged to provide the patient with maternity medical services under the National Health Service ..	300
(ii) Others	285
Total	585
(*b*) Cases in Institutions	213

4. Administration of Inhalation Analgesics.

(1) **Institutional Midwives.**

Number of **Institutional** Midwives in practice in the area at the end of the year qualified to administer inhalation analgesics in accordance with the requirements of the Central Midwives Board :—

(*a*) Employed in homes and hospitals in the National Health Service	61
(*b*) Employed in nursing homes or in maternity homes and hospitals not in the National Health Service	5
Total	66

(2) **Domiciliary Midwives.**

NOTE : The information asked for item (*d*) in columns (3)-(10) should be supplied where available.

(1)	Number of **domiciliary** midwives practising in the area at end of year who were qualified to administer inhalational analgesics in accordance with the requirements of the Central Midwives Board (2)	Number of sets of apparatus for the administration of inhalational analgesics in use at end of year		Number of cases in which inhalational analgesics were administered by midwives in **domiciliary** practice during the year:–				Number of cases in which pethidine was administered by midwives in **domiciliary** practice during the year :—	
				When doctor was present at time of delivery of child		When doctor was not present at time of delivery of child		When doctor was present at time of delivery of child	When doctor was not present at time of delivery of child
		Gas and air (3)	"Trilene" (4)	Gas and air (5)	"Trilene" (6)	Gas and air (7)	"Trilene" (8)	(9)	(10)
(*a*) Domiciliary Midwives employed directly by Local Health Authority	102	104	—	905	—	1,706	—	826	1,297
(*b*) Domiciliary Midwives employed under Section 23 by voluntary organisations as agents of Local Health Authority	—	—	—	—	—	—	—	—	—
(*c*) Domiciliary Midwives employed under Section 23 by hospital authorities as agents of Local Health Authority	—							—	—
(*d*) Domiciliary Midwives in private practice or employed by organisations not acting as agents of Local Health Authority	1	1	—	—	—	—	—	12	—
Totals	103	105	—	905	—	1,706	—	838	1,297

PART III.

RETURN OF WORK DONE BY THE AUTHORITY UNDER :—

1. Nurseries and Child-minders Regulation Act, 1948.

	Number registered at end of year	Number of children provided for
Premises :		
(*a*) Factory	Nil.	Nil.
(*b*) Other nurseries	Nil.	Nil.
Daily Minders	Nil.	Nil.

2. Registration of Nursing Homes (Sections 187 to 194 of the Public Health Act, 1936).

	Number of Homes	Number of beds provided for		
		Maternity	Others	Totals
Homes first registered during year ..	—	—	—	—
Homes on the register at end of year	6	18	79	97

Names of the Councils of any County Districts to which the powers and duties of the County Council have been delegated under Section 194 of the Public Health Act, 1936, and particulars of the powers delegated.

Chesterfield Corporation, Glossop ,, , Ilkeston ,, } The powers and duties of the County Council for the respective areas.

PART IV.

PREMATURE BIRTHS

NOTES : This section covers live births and still-births of 5½ lbs. or less at birth.

Births in an ambulance or in the street should be listed under the place to which the case is immediately transferred.

1. Number of Premature Live Births Notified (as adjusted by any notifications transferred in or out of the area).

(*a*)	In hospital	479
(*b*)	At home	228
*(*c*)	In private nursing homes	54
	Total	761

2. Number of Premature Still-Births Notified (as adjusted by any notifications transferred in or out of the area).

(*a*)	In hospital	102
(*b*)	At home	24
*(*c*)	In private nursing homes	3
	Total	129

*"Private nursing homes" includes nursing homes and maternity hospitals and homes not in the National Health Service and Mother and Baby Homes where women are confined in the Home.

NOTE: The totals in the table below should correspond with the appropriate figures in items 1 and 2 above, e.g. the sum of the totals in cols. (5) and (8) of the table should correspond with item 1 (*b*) above.

Weight at birth	PREMATURE LIVE BIRTHS															Premature Still-births		
	†Born in Hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in nursing home and nursed entirely there			Born in nursing home and transferred to hospital on or before 28th day					
	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Born in hospital	Born at home	Born in nursing home.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
(*a*) 3 lb. 4 oz. or less (1,500 gms. or less)	60	34	17	7	4	2	10	3	5	–	–	–	–	–	–	46	15	2
(*b*) Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,500-2,000 gms.)	107	8	87	13	2	10	17	1	13	8	–	8	2	–	2	28	5	1
(*c*) Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. 2,000-2,250 gms.)	99	3	83	23	–	21	8	–	6	10	–	9	–	–	–	15	1	–
(*d*) Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,250-2,500 gms.)	213	5	204	144	4	135	6	–	2	33	–	33	1	–	1	13	3	–
Totals	479	50	391	187	10	168	41	4	26	51	–	50	3	–	3	102	24	3

†The group under this heading will include cases which may be born in one hospital and transferred to another.

PART V.

STAFF RETURN.

NURSING STAFF EMPLOYED AT THE END OF THE YEAR BY THE AUTHORITY, AND BY VOLUNTARY ORGANISATIONS AND HOSPITALS UNDER ARRANGEMENTS WITH THE AUTHORITY FOR SERVICES UNDER PART III OF THE N.H.S. ACT.

NOTES : Where a nurse is engaged in more than one service (e.g. a superintendent nursing officer or a home nurse-midwife) she should be shown as part-time in *each* of the services in which she is engaged, and should be given the whole-time equivalent of her work in *each* of these services in the columns provided.

A health visitor (or home nurse or midwife) who also does school nursing duties should be shown as part-time, together with the whole-time equivalent of her work after deduction of time spent in school nursing duties. Nurses employed solely as whole-time school nurses whether or not holding the health visitor's certificate, should not be included anywhere in this return.

1. Health Visiting, Tuberculosis Visiting, Clinic Duties, Care and After-Care.

	Administrative and Supervisory Nursing Staff (excluding Health Visitor Tutors)			Health Visitors except those in Cols. (8)-(10)			Tuberculosis Visitors†			Other Nurses		
(1)	Whole-time (2)	Part-time (3)	Equiv. Whole-time of (3) (4)	Whole-time* (5)	Part-time* (6)	Equiv. Whole-time of (6) (7)	Whole-time* (8)	Part-time* (9)	Equiv. Whole-time of (9) (10)	Whole-time (11)	Part-time (12)	Equiv. Whole-time of (12) (13)
(a) Local Health Authority ..	—	3	1.5	—	54	37.8	—	—	—	—	—	—
				—	—		—	—				
(b) Voluntary Organisation ..	—	—	—	—	—	—	—	—	—	—	—	—
				—	—		—	—				

*Health Visitors and Tuberculosis Visitors acting as such by virtue of a dispensation given under Regulation 5 of the National Health Service (Qualifications of Health Visitors and Tuberculosis Visitors) Regulations, 1948, should be included and also shown separately between dotted lines.

†This relates to health visitors and tuberculosis visitors employed solely on tuberculosis work.

2. Domiciliary Midwifery.

(A).

(1)	Administrative and Supervisory Nursing Staff			Domiciliary Midwives		
	Whole-time* (2)	Part-time* (3)	Equivalent Whole-time of (3) (4)	Whole-time† (5)	Part-time† (6)	Equivalent Whole-time of (6) (7)
(a) Local Health Authority ..	— —	3 3	1.5	72 3	30 —	15
(b) Voluntary Organisations ..	— —	— —	—	— —	— —	—
(c) H.M.C. or B.G.				— —	— —	—

*Non-Medical Supervisors of Midwives should be included and also shown separately between dotted lines.

†Midwives approved as teachers should be included and also shown separately between dotted lines.

(B. Pupil Midwives.

Number of pupils who have completed their district training in the area during the year as part of a Part II Midwifery course taken :—

(i) Wholly on the district .. .. .. —

(ii) Partly on the district 10

3. Home Nursing.

(1)	Administrative and Supervisory Nursing Staff			State Registered Nurses (S.R.N., R.S.C.N., and R.F.N.)			Enrolled Assistant Nurses			Student Home Nurses		
	Whole-time (2)	Part-time (3)	Equiv. Whole-time of (3) (4)	Whole-time* (5)	Part-time* (6)	Equiv. Whole-time of (6)* (7)	Whole-time* (8)	Part-time* (9)	Equiv. Whole-time of (9)* (10)	Whole-time* (11)	Part-time* (12)	Equiv. Whole-time of(12)* (13)
(a) Local Health Authority ..	1	2	1	96	23	12	10	7	3	—	—	—
				—	—	—	—	—	—	—	—	—
(b) Voluntary Organisation ..	—	—	—	—	—	—	—	—	—	—	—	—
				—	—	—	—	—	—	—	—	—

*Male nurses should be included and also shown separately between dotted lines.

4. Nurses Engaged on Combined Duties.

(*a*) Number of nurses engaged in health visiting and school nursing 56
(*b*) Number of nurses engaged in home nursing and midwifery 30
(*c*) Number of nurses engaged in health visiting, home nursing and midwifery .. .. .. —
(*d*) Others (please specify) .. .. —

5. Administrative Nursing Staff (excluding Health Visitor Tutors)

Actual number of nurses whose duties in the services in 1, 2 and 3 above are :—

(*a*) wholly administrative and supervisory 4
(*b*) partly administrative and supervisory 3

6. Total Staff.

Actual number of nursing staff represented in the tables under 1, 2 and 3 above, including administrative nursing staff but **excluding** students and pupils whose employment in these three services is :—

(*a*) Whole-time 269
(*b*) Part-time .. .. —

7. Nursery Staff—Day Nurseries.

		Matrons		Deputy Matrons		Other Staff—Excluding Domestics					
	Nursery Supervisors †	State Registered i.e. S.R.N., R.S.C.N. or R.F.N.	Others	State Registered i.e. S.R.N., R.S.C.N. or R.F.N.	Others	S.R.N.'s R.S.C.Ns R.F.N's	S.E.AN.s	Nursery Nurses	Wardens	Nursery Assistants and other staff (excluding domestics)	Nursery Students
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
(a) L.H.A.	— —	3	2	1	3	—	2	8	4	11	30
(b) Vol. Org.*	— —	—	—	—	—	—	—	—	—	—	—

*Refers to staff employed by Voluntary organisations providing a day nursery service by arrangement with the Local Health Authority under Section 22 of the Act.

†The number of part-time Supervisors should be included and also shown between dotted lines.

8. Vacancies.

Number of vacancies for nursing staff at the end of the year (i.e. additional staff which the Authority would employ immediately if available) expressed in terms of the equivalent of whole-time staff under each heading :—

(*a*) Health Visitors 12
(*b*) Tuberculosis Visitors .. .. —
(*c*) Domiciliary Midwives 2
(*d*) Home Nurses 4
(*e*) Day Nursery Staff (specify grades).
Warden 1
Nursery Assistant 1

COUNTY OF DERBY

Table of Deaths during the year 1955 in each of the Sanitary Districts, Classified according to Diseases.

APPENDIX II.

DISTRICTS	DEATHS FROM VARIOUS CAUSES																																						
	Tuberculosis, Respiratory	Tuberculosis, Other	Syphilitic Disease	Diphtheria	Whooping Cough	Meningococcal Infections	Acute Poliomyelitis	Measles	Other Infective and Parasitic Diseases	Malignant Neoplasm, Stomach	Malignant Neoplasm, Lung Bronchus	Malignant Neoplasm, Breast	Malignant Neoplasm, Uterus	Other Malignant and lymphatic Neoplasms	Leukaemia Aleukaemia	Diabetes	Vascular Lesions of Nervous System	Coronary Disease, Angina	Hypertension with heart disease	Other Heart Diseases,	Other Circulatory Diseases.	Influenza	Pneumonia	Bronchitis	Other Diseases of Respiratory System	Ulcer of Stomach and Duodenum	Gastritis, Enteritis and Diarrhoea	Nephritis and Nephrosis	Hyperplasia of Prostate	Pregnancy, Childbirth, Abortion	Congenital malformations	Other defined and ill defined diseases	Motor Vehicle Accidents	All other Accidents	Suicide	Homicide and operations of war	All Causes
(URBAN)																																							
ALFRETON	–	1	–	–	–	–	–	–	1	12	2	5	1	19	3	3	28	27	6	37	13	–	7	15	3	1	1	1	1	–	2	16	2	5	1	–	213
ASHBOURNE	–	–	–	–	–	–	–	–	–	2	4	2	1	8	–	1	16	15	1	11	17	–	–	1	–	–	1	–	–	–	–	6	–	3	–	–	89
BAKEWELL	1	–	–	–	–	–	–	–	–	–	–	1	–	6	–	–	9	7	1	8	5	1	2	3	–	–	2	–	3	–	–	2	–	1	1	–	50
BELPER	–	–	–	–	–	–	–	–	1	6	3	3	2	12	1	1	32	26	8	18	15	3	11	7	–	4	–	3	3	–	–	25	1	4	1	–	190
BOLSOVER	–	–	–	–	–	–	–	–	–	4	1	3	3	5	–	2	15	8	3	23	5	–	2	9	1	–	–	2	3	–	2	12	3	4	1	–	111
BUXTON (Borough) ..	1	1	–	–	–	–	–	–	–	7	3	3	1	5	–	2	41	50	5	79	7	–	9	7	3	4	–	2	1	–	2	21	–	5	3	–	274
CHESTERFIELD (Bor'gh)	17	–	3	–	–	–	–	–	3	21	22	8	6	64	1	–	110	85	23	188	47	3	33	45	8	8	5	11	6	–	10	64	8	19	3	1	828
CLAY CROSS	1	–	–	–	–	–	–	–	–	4	1	1	1	8	–	2	13	17	–	9	5	2	3	5	1	1	1	–	6	–	–	5	1	1	4	–	87
DRONFIELD	2	–	–	–	–	–	–	–	–	3	1	–	–	6	2	–	13	6	2	16	1	–	6	2	–	–	1	–	3	–	–	1	–	1	1	–	77
GLOSSOP (Borough) ..	–	–	–	–	–	–	1	–	–	7	3	2	2	22	–	2	68	38	3	75	7	2	7	15	1	–	1	3	4	–	2	5	–	1	1	–	313
HEANOR	4	–	–	–	–	–	–	–	–	3	2	8	3	27	–	4	37	29	4	41	18	3	10	11	3	1	–	11	4	2	–	34	3	2	4	–	249
ILKESTON (Borough) ..	3	1	–	–	–	–	–	–	–	15	21	6	6	18	1	1	50	48	11	62	16	1	7	29	4	5	2	–	2	–	2	29	–	2	2	–	366
LONG EATON	1	–	2	–	–	–	–	–	2	3	7	5	4	21	1	1	38	37	2	46	10	–	8	8	1	3	–	2	3	–	2	30	4	12	9	–	268
MATLOCK	1	–	–	–	–	–	–	–	1	1	5	3	1	21	1	1	35	37	4	45	15	1	7	8	2	1	–	3	4	–	3	41	5	8	3	–	222
NEW MILLS	–	–	–	–	1	–	–	–	1	2	3	2	–	7	–	4	15	12	2	29	13	–	–	10	2	2	1	–	1	–	3	16	1	2	3	–	120
RIPLEY	2	1	1	–	–	–	–	–	1	2	5	4	2	17	2	2	27	14	–	24	16	1	11	7	3	2	1	–	2	1	3	7	–	3	1	–	184
STAVELEY	5	–	–	–	–	–	–	–	1	4	4	–	2	18	1	–	9	24	11	31	3	1	7	12	1	3	1	–	2	1	1	22	3	4	2	1	172
SWADLINCOTE	4	–	–	–	–	–	–	–	1	6	3	5	–	25	–	1	31	28	5	33	16	2	17	10	6	4	1	1	5	1	4	19	2	6	2	–	237
WHALEY BRIDGE ..	–	–	1	–	–	–	1	–	–	1	2	–	–	4	–	–	10	5	–	15	6	–	2	4	–	–	1	3	1	–	4	7	–	–	2	–	64
WIRKSWORTH	–	–	–	–	–	–	1	–	–	2	2	2	1	5	1	–	15	8	–	8	3	–	3	2	–	–	1	2	–	–	–	8	–	1	–	–	65
URBAN DISTRICTS ..	42	4	7	–	1	–	2	2	11	105	94	63	36	327	14	36	612	521	91	798	238	20	152	210	39	40	19	52	39	1	42	390	36	88	45	2	4,179
(RURAL)																																							
ASHBOURNE	1	–	–	–	–	–	–	–	–	4	3	1	–	9	1	3	20	13	1	30	9	–	1	–	1	–	–	–	2	–	–	10	3	1	2	–	115
BAKEWELL	2	1	1	–	–	–	–	–	2	4	5	–	–	22	1	5	25	27	1	40	21	4	7	18	1	3	1	4	2	–	2	22	–	5	1	–	232
BELPER	3	–	1	–	–	–	–	–	–	5	8	5	2	22	3	2	45	54	4	57	27	1	16	14	3	4	2	5	5	–	4	30	4	2	10	–	338
BLACKWELL	6	–	–	–	–	–	–	–	–	5	6	6	4	33	1	7	82	48	4	55	18	–	18	23	6	2	1	8	1	–	3	58	4	17	4	–	433
CHAPEL-EN-LE-FRITH	1	–	–	–	–	1	1	–	1	15	6	6	–	21	1	–	38	32	1	58	14	2	7	13	1	3	2	6	2	–	3	25	2	5	1	–	257
CHESTERFIELD ..	8	3	4	1	1	–	–	1	–	10	7	1	–	21	1	–	107	101	13	129	39	2	26	53	11	13	4	10	7	1	15	90	12	16	13	–	830
CLOWNE	1	–	–	–	–	–	3	–	1	34	20	14	7	62	3	7	22	18	3	46	8	2	7	14	1	2	1	1	2	–	–	24	1	5	2	–	187
REPTON	–	–	2	–	–	–	–	–	–	4	6	2	–	14	–	1	43	32	15	101	23	4	21	10	3	3	–	3	–	–	2	35	4	10	5	–	371
SHARDLOW	10	2	4	–	–	–	–	–	3	12	8	6	1	23	–	2	110	116	10	117	37	6	27	28	6	10	3	66	8	2	12	79	11	13	5	–	747
									1	12	8	5	1	8	1	2	57	110	116	10																			
RURAL DISTRICTS ..	32	6	12	1	1	1	4	1	8	100	79	61	22	263	18	29	492	441	52	633	196	21	130	173	33	40	14	43	29	3	41	373	41	74	43	–	3,510
URBAN DISTRICTS ..	42	4	7	–	1	–	2	2	11	105	94	63	36	327	14	36	612	521	91	798	238	20	152	210	39	40	19	52	39	1	42	390	36	88	45	2	4,179
WHOLE COUNTY ..	74	10	19	1	2	1	6	3	19	205	173	124	58	590	32	65	1,104	962	143	1,431	434	41	282	383	72	80	33	95	68	4	83	763	77	162	83	2	7,689